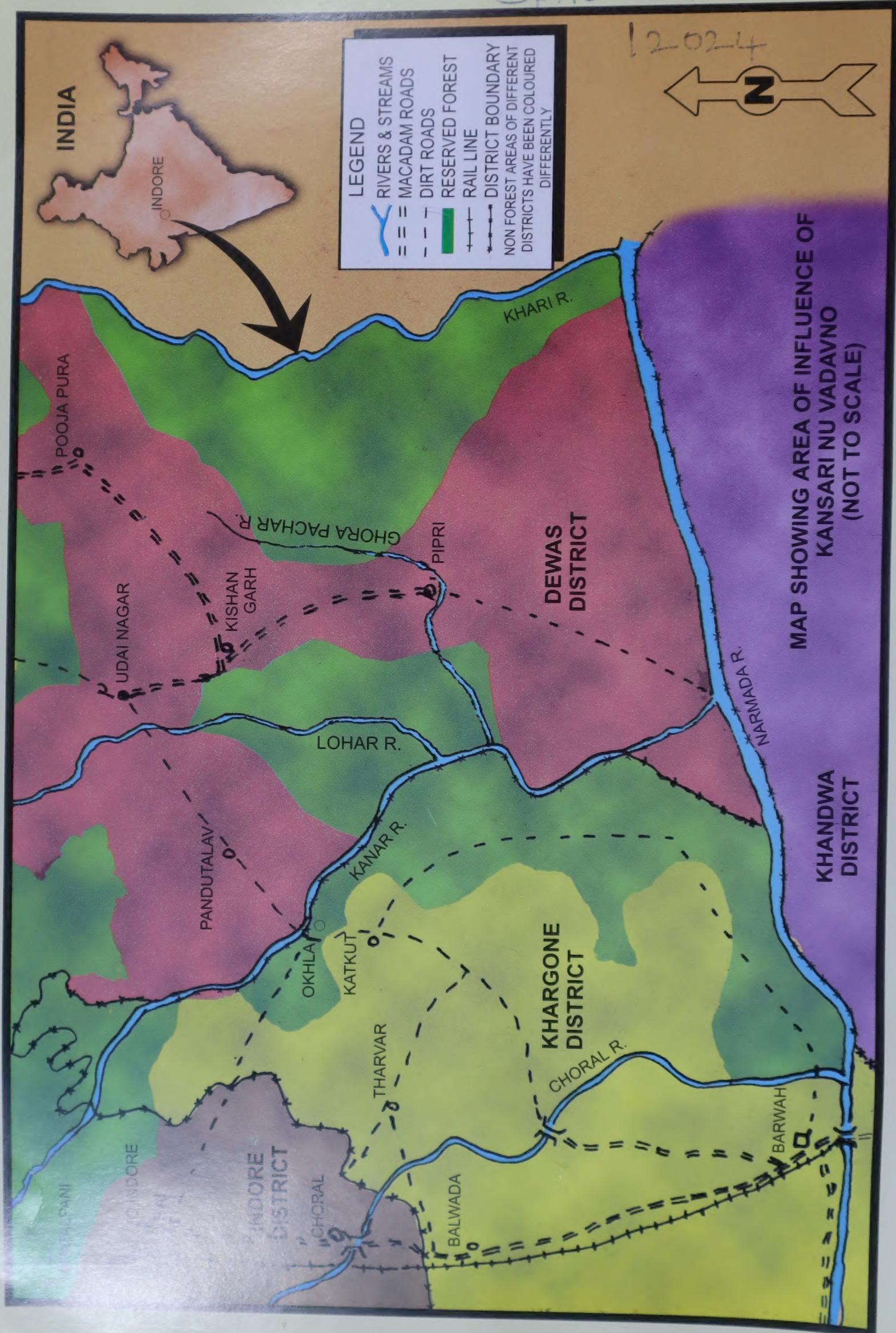


FELICITATING KANSARI

BHIL TRIBAL WOMEN BATTLE DIVERSE PATRIARCHIES

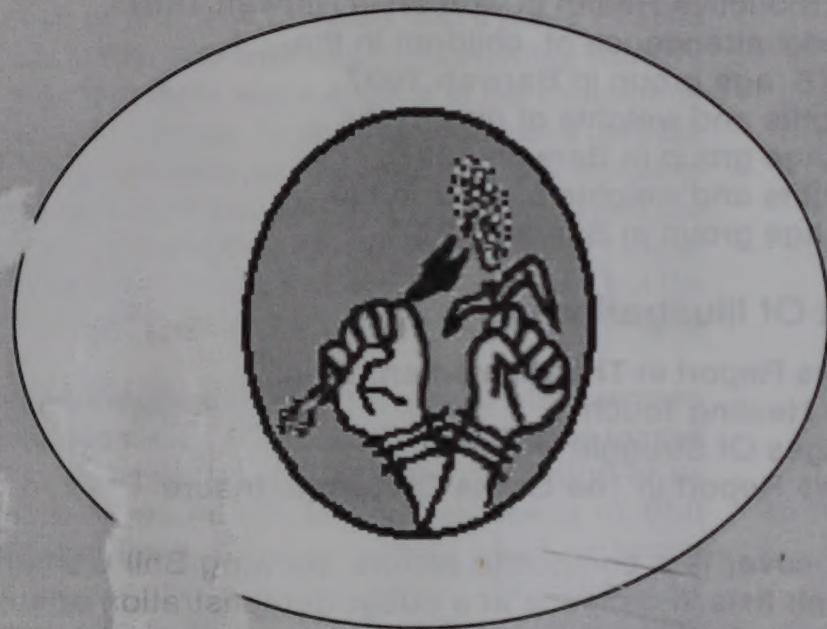


SUBHADRA AND RAHUL



Felicitating Kansari

BHIL TRIBAL WOMEN BATTLE DIVERSE PATRIARCHIES



For CHIC-CPHE, Bangalore
Fratis from Subhadra + Rahul

For
30/3/2010.

SUBHADRA AND RAHUL



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facing page

The front cover is a composite picture showing Bhil women in the foreground raising their fists in defiance at a public demonstration against a background of a field of sorghum which besides being their staple cereal is also revered by them in the form of the life giving Goddess Kansari.

Published by **SUBHADRA KHAPARDE**

from Katkut, district Khargone, Madhya Pradesh, India - 451115.

Overall layout and design by Media Moghuls, Indore.

Colour design and photo editing by Krishn Graphics, Indore.

Photographs by Lensvision, Indore.

Printed at New Rani Fine Art Press, Indore.

The views expressed in this publication are solely those of the authors.

This publication and the work on which it is based has been made possible by

THE JOHN D. AND CATHERINE T.

MACARTHUR FOUNDATION

Chicago, USA.

IC-120
12.02.04



chapter one

Recovering The Lost Tongue

The Bhil tribes of Western Madhya Pradesh have a very rich oral literary tradition. Similar to other such traditions the centre pieces of this literature are the myths of creation woven around the two main life giving sources of the Bhils the river Narmada and the staple cereal jowar (sorghum) symbolised by the Goddess Kansari. These are sung in night long community celebrations of song and dance and are simultaneously a source of religious salvation and a mode of mass entertainment. These epics are replete with many entertaining stories.

One such story goes that there was a dispute in the community in which a woman was the main witness. So she was summoned to speak in the panchayat* before the community elders. There she was unable to say all that she was supposed to have said and so it was deemed that she had perjured herself. As a punishment the elders ordered that her tongue be cut off and her husband be made to swallow it. This was done but the tongue got stuck in the husband's throat where it has remained lodged ever since.

This quaint tale allegorically describes the way in which women in Bhil society are oppressed in reality. However, the fact that the tongue has not been swallowed completely has left open the possibility of its being recovered. Related here are the travails and successes of Bhil women in the western Madhya Pradesh region of India who have begun an organised attempt to do just this in recent times. The deleterious effects of this inherent patriarchy of Bhil society have been compounded by the devastation and poverty caused by the destructive development policies followed by the modern Indian state since independence. So to arrive at a proper understanding of the sorry plight of Bhil women today and appreciate the importance of their present struggles it is necessary first to delve into the history of this dual oppression under which they are labouring.

Survival blues

The experience of modern industrial development has not been too happy for India. Not only do vast millions continue to live in poverty but the environment too has been badly damaged jeopardising future production (Agrawal et al, 1985). Macro-level development policies

* This is the traditional Indian village council. In tribal areas these councils were quite powerful and acted independently of their feudal rulers till the arrival of the British colonialists.



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Living at subsistence levels and being heavily dependent on manual labour the Bhils had no alternative but to be tightly integrated by customs of labour pooling in all aspects of their material and cultural life. Surpluses used to be spent in communal festivities.

while skirting the age-old feudal structures in rural areas have severely deprived the poorer sections of their livelihoods by destroying their habitats (Jain, 1987). The resources for modern industrial development are to be found in remote forest areas which have been the traditional habitats of the tribals. Consequently a plethora of mining, dam and forest produce based projects have affected the tribals through direct and indirect involuntary displacement and severely compromised their survival more than any other section of society (Sharma, 1990).

The straitjacket of patriarchal structures being much more tightly secured on women living in peasant societies the stresses of dislocation caused by development are far greater for them than for the men (Shiva, 1988). This is true for tribal societies as well which are generally highly patriarchal in nature. Normal survival itself is tough for such people so that a slight deterioration in the resource base causes problems which lead to a worsening of the situation for the women. Devastation of the tribals in general and their women in particular is nowhere more in evidence than in the survival saga of the Bhils of western India

The quintessential children of nature

The Bhils are the third most populous tribal group in India after the Gonds and the Santhals and inhabit a large area spread over the states of Rajasthan, Gujarat, Madhya Pradesh and Maharashtra. They find mention in the ancient texts of the third century A.D. and were originally concentrated in a small area in Sindh, southern Rajasthan and northwestern Madhya Pradesh (Nath, 1960). Traditionally the Bhils have lived by practising swidden agriculture*, hunting and gathering in dense forests. A combination of the reduction of the fertility of their farms and epidemics would cause them to move every few years to new locations.

Living at subsistence levels with a low life expectancy and being heavily dependent on physical labour they had no alternative but to be integrated tightly by customs of labour pooling in all aspects of their material and cultural life. The egalitarianism of the Bhils was further ensured by customs that decreed that surpluses accumulated beyond a certain limit be spent on communal merrymaking and feasting. This also did away with the possibility of these surpluses being used to engage in trade and further accumulation and so protected the environment from over-exploitation (Rahul, 1997).

Their habitats being vital to their existence the Bhils have jealously guarded them from encroachment by others. There is historical evidence of the Bhils having defied the might of the Gupta** emperors on the strength of their superb archery skills and retained their independence (Kosambi, 1956). The introduction of firearms into the subcontinent by the Muslims invading from the west, however, led to this independence being circumscribed. As the Muslim rulers extended their control over the northern and central parts of India, the Rajputs

* Shifting cultivation in which communities clear patches of forests to create farms.

** They reigned from the second to the fifth century A.D. and were the first dynasty to extend their rule to the whole of the Indian subcontinent.



who had been in ascendance in these areas had to move into the Bhils' territories.

Thus started the exodus of the Bhils which over the centuries has led to their dispersal to the areas that they now occupy. This process is described in interesting stories that are part of their oral literature. Even though the Rajputs ruled over them, apart from having to do begaar* and pay some nominal taxes, the Bhils largely remained free to pursue their nature-friendly subsistence lifestyles. So much so that they frequently used to waylay trade caravans on the route from the north of India to the west, not so much for looting but more to prevent what they considered to be trespass into their territory (Varma, 1978).

Of patriarchal bondage

Everything is not hunky-dory with the Bhils' social mores, however, and the inferior status of the women sticks out like a sore thumb. The women have to work considerably harder than the men. They have to get up before daybreak to grind flour and then clean the cattlepen, bring water and fuelwood, cook the food, take care of the children and also work in the fields. Even after this they have to submit to violence by their husbands on the smallest of pretexts. A particularly abhorrent practice is the lynching of women accused of being witches. Not only do the women have to satisfy the sexual lust of their husbands but often also have to suffer the indignities of polygamy. The men consider the abduction of their would be wives and the keeping of more than one wife to be expressions of their manhood. Married Bhil women have to put up with the inconvenience of covering their faces in purdah before elder men in-laws.

Socially too the women are at a disadvantage. They do not have any inheritance rights and are instead considered as tradable items as is evident from the usage of the father saying that he has sold his daughter after accepting the brideprice when solemnising the marriage. They cannot take part in communal councils and have no say in the affairs of the community. Even when the panchayats sit to resolve disputes arising out of rapes or extramarital or premarital affairs it is the honour of the aggrieved men or families that is at stake and the women's sufferings are of no consequence. Not surprisingly a male child is more treasured and so often women have to go on bearing children to provide enough male progeny. To cap it all the sex ratio is skewed against women (Subhadra & Rahul, 1997).

The Bhils unarmed

The advent of the British brought about a sea change in the socio-economy of western India. Having decimated their own forests to fuel industrial development and international trade the British began to exploit the forests of India from the early nineteenth century onwards. This exploitation increased with the laying of rail lines, which began in

Bhil women have to submit to domestic violence on the slightest of pretexts. A particularly abhorrent practice is the lynching of women accused of being witches. Not only do women satisfy the sexual lust of their husbands but often also suffer the indignities of polygamy.

* Corvee or free labour extracted by feudal rulers.



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Government development policies have been designed to integrate individual tribals into the mainstream economy without any allowance being made for the specificities of the Bhils' communitarian and subsistence lifestyle.

western India in the 1850s. The extraction of timber reached altogether new levels requiring deep inroads into tribal territory all over India and the domain of the Bhils too was encroached upon. The British also settled Kanbi Patidars from Gujarat so as to increase the acreage under settled cultivation and so increase the earnings from land revenue. Naturally the Bhils fought this displacement and destruction throughout the nineteenth century and during the Great Bhil Rebellion from 1857-60 posed a serious challenge to British rule which was overcome with great difficulty. Even women participated in the armed struggles of this period. There are many heroes of this period whose deeds have become part of folklore. Nevertheless with the dawn of the twentieth century the Bhils were more or less subdued and in many cases disarmed.

The situation deteriorated even further after independence. The various Princely States were parcelled out arbitrarily between the four states of western India according to the whims and fancies of their rulers thus dividing the Bhil homeland. The Indian Forest Act 1927* was strictly enforced and shifting cultivation was totally stopped. The forests began to be worked for fuel and timber for the continuing industrialisation and urbanisation in western India. Timber contractors in collusion with corrupt Forest Department staff began indiscriminately decimating the forests. This soon put the tribals in a difficult position. They could not shift to newer locations any more as the fertility of the soils decreased and simultaneously the supplementary income and nourishment from minor forest produce also went down. They fell into the clutches of moneylenders.

Government services which were ridden with corruption were either non-functional or repressive in character further adding to the woes of the Bhils. Government development policies too were designed to integrate individual tribals into the mainstream economy without any allowance being made for the specificities of the Bhils' communitarian subsistence lifestyle. The whole region has become a chronically drought-prone area and the people have no option other than migrating either seasonally or permanently in search of employment. As if this was not enough a dam is being built on the river Narmada in Gujarat which will cause further misery through massive direct and indirect displacement (Rahul op cit.).

The culture of the Bhils has come under pressure with the destruction of their resourcebase. Scarcity and poverty have led to the earlier community links breaking down. The minions of the state, whether government servants or workers of political parties, have coopted the village elders into helping them fleece the rest of their tribe. Education has promoted selfishness and competitiveness and resulted in the drain of the more successful Bhils into towns and cities. Alcoholism and crime are on the rise.

The condition of the women is even worse. The distances to be travelled to collect firewood and water have increased tremendously. Violence has increased, especially rape, as a consequence of the spread

* The British had rejected the legal systems that were in existence in India and introduced their own laws for revenue, police and forest administration. Ironically these anti-people laws are still in place today.



of non-tribal culture and alcoholism. They feel the pressure of the government's sterilisation centred population control policies and are afraid of the lackadaisical way in which these operations are performed. Decrease in the quality and quantity of food intake has noticeably affected their health and anaemia is a common condition. So also are diseases of the uro-genital tract.

The Bhils' predicament has been made more tragic by the downgrading of their culture as primitive and subhuman by the non-tribals. Thus the average illiterate Bhils have suffered a drastic loss of confidence in themselves. All said and done the region as a whole and the Bhils themselves present a sorry picture of devastation both ecological and cultural. The older people recall with tears in their eyes the golden days of their youth when they had enough to eat and all they had to do to avoid non-tribals was to go into remoter areas.

The tribal revival

The late sixties and the early seventies saw the emergence of tribal movements in western India protesting against marginalisation like the Bhoomi Sena in Thane district of Maharashtra and the Shramik Sangathan in the Dhule district of the same state (Singh, 1983). Later there were sporadic movements in Gujarat and Rajasthan. Struggles to secure access to forests and against corruption in government departments began in Madhya Pradesh in the early eighties (Rahul, 1994). The particularly attritive battle against the construction of the Sardar Sarovar dam on the river Narmada which began in 1986 has given a focal point and an ideological foundation to all these struggles. It is as if the threat to the river Narmada which is central to their lives and is revered as a Goddess has galvanised the people into revolting against the manifestly unjust policies of the modern Indian state. Today even mainstream politicians have begun voicing the demand for greater autonomy for the Bhils on the lines of those being made in Jharkhand in the state of Bihar. The increasing repression unleashed by the administration in the face of this concerted challenge to its hegemony has forced these mass organisations to form regional groupings. One such federation in the western Madhya Pradesh region is the Jan Mukti Morcha comprising groups active in the districts of Jhabua, Dhar, Khargone, Khandwa, Ratlam, Indore and Dewas.

The Morcha has progressed far along the road to the formulation of an alternative to the dominant centralised model of development and governance with concrete experiments. The main plank of the Morcha is that the traditional subsistence life-style of the Bhils is comparatively more ecologically noble (Redford, 1991) and socially just and should be adopted by society at large given the dangers posed to human existence by excessive consumerism (Durning, 1992). Thus unlike the autonomy movements underway in other parts of the country the Bhils of western Madhya Pradesh are not just demanding control over their resources but are also positing a way of life that negates all that is problematical about modernism. Presently the people have begun to research their own neglected history, create a new written literature,

The threat to the river Narmada which is central to their lives and is revered as a Goddess has galvanised the Bhils into revolting against the manifestly unjust policies of the modern Indian state and demanding control over their resources and the freedom to develop them in their own way.



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document oral literature, strengthen their cultural identity and conserve indigenous knowledge systems in agriculture and medicine. So this upsurge of the downtrodden Bhils is not just a socio-political movement but a full-fledged tribal revival (Tadavla, 1995).

Playing second fiddle

Whenever there is a widespread struggle against oppression by a set of people women participate shoulder to shoulder with the men to throw off the yoke of the oppressors. Nevertheless they do not get enough space to articulate problems specific to themselves which arise from patriarchal structures and customs within the oppressed sections themselves. This is a universal phenomenon that can be seen in social movements (Singha Roy, 1995), national liberation movements (Zerai, 1994) and socialist revolutions (Mariam, 1994). It is not surprising therefore that this should be the case with the various mass organisations in western India.

The women organised under the Narmada Bachao Andolan and the Khedut Mazdoor Chetna Sangath, two of the mass organisations in this region, have been particularly militant and on some occasions even surpassed the men in their bravery in fighting the repressive organs of the government. Consequently sometimes as a matter of strategy the women have been pushed to the front. Yet when these very same women have raised the matter of oppression within the home the men have been reluctant to reform themselves. Particularly troubled are the grassroots women leaders. Their men object to them travelling around a lot and neglecting housework. Some of these women have had to bear physical belabourment when they have tried to assert control over their own bodies. There is a distinct opposition from the Bhil men to the women holding meetings to discuss their own problems.

The presence of articulate and militant middleclass women activists among the various mass organisations in western Madhya Pradesh has meant that there has been a considerable amount of discussion on the deleterious effects of patriarchy. There have also been desultory attempts at organising women around health issues among other things. Nevertheless there has been no concerted attempt at organising women to smash patriarchal structures within and without Bhil society. This weakness has arisen from the need to press on with the struggle itself and not let it flag due to internecine fights over women's issues (Vimochana, 1994). So much so that the Sattalai Declaration signed by participants from all over India who took part in a workshop organised by the NBA on "Women and Displacement" mentions patriarchy only as an aside and concentrates on displacement (Coordination Unit for Beijing, 1995).

A space of their own

A break with this sorry state of affairs was made in 1995 when it was decided to consciously address women's issues. To be able to do so it was necessary to start afresh in a new area where there weren't the usual pressures of an ongoing struggle which invariably cause women's

Selected Results of Baseline Survey in Barwah 1995

TABLE 1.1 : DATA (%) FROM A SAMPLE SURVEY OF TRIBALS IN BARWAH TEHSIL.

Family size > 5	66.30	Jaggery water given as prelacteal food	63.30	Illiterate Females	75.70
Families with mud & wood homes	64.30	Weaning period < 1 year	48.70	Agriculture as main occupation	64.40
Water source > 100 metres away	63.00	Wheat as staple food	80.10	Mothers not immunised	34.00
No knowledge about disinfection	66.20	Nonvegetarians	80.00	Births taking place at home	80.30
Using wood as cooking fuel	97.00	Not taking milk in diet	61.40	Sterilised couples	38.70
Indiscriminate disposal of wastewater	93.80	Family income < Rs 10000 per annum	74.00	Not practising contraception	89.60
Open field used for excretion	96.00	Female to male ratio	89.60	Weight at birth <3 kgs	86.70
Breastfeeding begun > 6 hrs after delivery	56.10	Married Females	61.10	Irregular or no antenatal checkups	97.40

Source: Kasturba Gandhi National Memorial Trust, Indore. No. of Respondents:472

These results clearly bring out the tremendous neglect that the tribals and dalits of the area suffer from. Most of them are poor and live in make shift homes. The provision of such basic services as antenatal care and immunisation are practically non-existent. The standard taboos with regard to not breastfeeding new born infants just after birth are prevalent here too. Instead babies are fed jaggery water for sometimes as long as three days. Most babies are born underweight and deliveries generally take place at home. The sex ratio is skewed badly against the women and they are also mostly illiterate. Very little contraception is being practised and only about 39 % of the couples are sterilised. The most disturbing revelation is that wheat has become the staple diet for most of the people. Traditionally the tribals of the area have eaten maize and sorghum as their staple because these are far more nutritious. But the introduction of hybrid varieties of soya bean and wheat, which are commercially more profitable to grow, has led to the disappearance of the indigenous maize, sorghum and millet varieties considerably inconveniencing the poor tribals. Considering that the intake of milk and proteins too is limited this has led to malnutrition. The general health awareness level is also very poor and combined with the other negative factors results often in the spread of epidemics of fatal proportions especially during the rainy season.



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issues to be sidelined. At the same time this new organisation work had to be done in proximity to these struggles to benefit from their positive achievements. Previously all the organisation work had been concentrated in the western Nimar region of the lower Narmada valley. So the eastern part of the Nimar plains was chosen for embarking on an exercise to try and recover the lost tongue.

The problem with organising women is that the deeprooted patriarchy in rural societies prevents women from coming out of their homes. In most cases patriarchy has been internalised by the women themselves thus making it difficult to make a beginning in organising them by focussing on patriarchal oppression alone. As is well known a combination of patriarchal oppression and destructive development policies has resulted in alarming health problems for poor women. In the case of rural women this is compounded by inadequate medical facilities and illiteracy. Thus for poor rural women improving their health is most often an urgent need that they have the force to neglect (Ramalingaswami, 1987). Health being an issue that affects everyone it is relatively easy to get the acquiescence of the men to let their women do something about improving it. Thus both felt-need wise and strategically health provides an ideal starting point for organising them to create a space of their own in society for poor tribal women.

Women's health is a much more complex issue than just the provision of adequate healthcare services. It has come to be recognised that women's health, safe motherhood, population control and poverty alleviation are all dependent on women having reproductive health rights apart from economic and political rights at par with men in a society that is egalitarian in all respects (Pachauri, n.d.; Corea & Petchesky, 1994). Thus what is needed is a direct multipronged attack on poverty through the creation of labour intensive work opportunities, removal of social inequalities of all kinds, a campaign against traditional and modern myths and a comprehensive community health care system with primary and referral services (Quadeer, 1995).

Any programme aiming at improving the health status of rural women has to necessarily incorporate both the service delivery and the organisational approaches to community work if it is to be successful. This is amply borne out by the experience of the Kasturba National Memorial Trust, Indore, which has been providing exemplary health and education services for rural women in the Malwa and Nimar regions of western Madhya Pradesh for the past fifty years without having made any substantial dent in the patriarchal structures which stifle the lives of the rural women of the area. The results of a sample survey carried out by the Trust in 1995 (Table 1.1) provide an eloquent picture of the sorry state of health affairs prevailing among the poor scheduled tribe and scheduled caste* population of the area.

* After India became independent, the two most deprived sections of Indian society, the tribals and the lower caste people who were deemed to be untouchable by the upper caste Hindus were provided with special benefits. For this purpose these tribes and castes were identified and notified in separate schedules in the Indian constitution. Hence the name. In recent times the numerous scheduled castes have formed a common front and begun calling themselves "dalit" which means oppressed people.

Embarking On A Sisyphean Enterprise

 In a biting cold morning on January 18th, 1997 a Bhil woman lay naked shivering on the earth floor of her ramshackle hut in village Rajna in Khargone district of Madhya Pradesh in a remote corner of India. Beside her, also shivering, lay a shriveled newborn baby. The woman had so lain for the whole night and her ordeal was not yet over. There was a twin yet to be born but for the last three hours there had been no movement from within and so the baby was stuck inside the womb. The earth beneath the woman was wet with blood and placental fluid but neither she nor the dai* seemed to be least bothered.

Just then the mobile dispensary of the Kasturba Trust happened to pass by and was stopped by the people in the village. There were five nurses but they expressed their inability to do anything as they did not have any instruments. When the villagers beseeched them to take the woman and the baby to the Primary Health Centre (PHC) at Barwah they pleaded their inability saying they were on their way to different villages to administer vaccines under the Pulse Polio programme whose second dose was to be given on that day. This is a crash programme of administering two doses of polio vaccines simultaneously all over India on particular days announced beforehand in an attempt to eradicate the disease altogether.

Sometime later a jeep came along with a doctor from the PHC at Barwah. The villagers stopped this jeep too. The doctor also after seeing the woman said that he could not do anything as he did not have any instruments with him. He too advanced the responsibilities of supervision of the Pulse Polio programme as an excuse for not taking the woman to Barwah. He even went to the extent of saying that the lives of thousands of children were at stake and he could not put them at risk for the sake of one woman and child. Eventually the husband of the woman had to borrow money from a moneylender at an exorbitant rate of 60% annual interest and hire a jeep to take her to Barwah. The woman just about survived but the twins died. Later tests revealed that the woman had a haemoglobin count of just 4 grams per decilitre.

This heartrending vignette highlights the abominable health conditions in which tribal women of the area live. Achievement of health, constituting a state of complete mental, physical and social well being,

* She is the traditional birth attendant. Approximately seventy percent of the births in India are still supervised by TBAs. Interestingly among the Bhils even men perform the function of dais.



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for all the people of this country is admittedly a difficult task. Ensuring the reproductive health of poor tribal women is an even more daunting prospect. There are various structural factors both socio-economic and political that pose near insurmountable barriers. These have to be identified before an effective ameliorative strategy can be formulated.

Causes of Ill-health

The primary cause of ill-health in women is their low status in society. Relegated to a position of subordination from the moment of birth, girls eat last and least, are over-worked and under-educated, and have to bear children from an early age. They receive inadequate medical treatment when ill and are often passed over for immunisation. Despite the biologically proven fact that women have a longer lifespan than men, in reality, in India the reverse is true in rural areas where more girls are likely to die than boys leading to a sex ratio skewed against women in the population. Adult women lack property rights and control over economic resources which contributes to the general preference for a male offspring as an insurance against old age incapacity. This in turn results in women having to go through the rigours of repeated pregnancies and childbirths to produce sufficient male children. Malnutrition, lack of sexual hygiene, repeated pregnancies and overwork lead to most rural women being anaemic and so prone to other diseases in general (Mehta & Abouzahr, n.d.).

The prevailing pattern of development too has been particularly harsh on women. Destruction of resourcebases has led to the workload increasing with a corresponding decrease in nutritional levels of the food intake. The introduction of artificial input mechanised agriculture has deprived women of the little control that they had over production processes in traditional agriculture and further reinforced patriarchal relations. Forced migration either temporary or permanent has exposed women to sexual violence in unfamiliar surroundings. The loss of traditional livelihoods has been accompanied by the induction of women into low-paid jobs in the informal sector where the work environment is unhealthy and the workload high. The general level of violence in society has gone up, both that of the oppressors and that of the oppressed in retaliation, to further sequester women in their homes thus reducing employment opportunities. All this has had a negative impact on the health of these women (Duvvury, 1994).

Last but in no way the least harmful are the government's health and population control policies. Primary health care has received short shrift both in terms of financial outlays and in terms of the introduction of participative health care systems. Thus apart from the foreign funded immunisation campaigns like the Pulse polio one mentioned above, rural populations rarely ever receive any effective healthcare from government health services. Consequently for the poor infant mortality levels are still dangerously high as are maternal mortality and morbidity levels (Bose & Desai, 1983).

Again spurred on by the Neo-Malthusian myth that population growth is responsible for poverty the government had launched an aggressive population control programme in the 1970s which targeted

The level of violence in society has gone up, both that of the oppressors and that of the oppressed in retaliation. While on the one hand this has restricted some women within their homes at the same time it has exposed others who have to venture out to greater risks.



women for sterilisations and various unsafe and unhealthy contraception measures (Mamdani, 1973). Even though with the introduction of the sterilisation target free reproductive health approach from April 1996 there has been a so called paradigm shift at the policy level in population control and maternal and child health care, the ground reality in rural areas remains much the same as before (Rahul, 1997).

Health like any other social attribute is primarily dependent on the urgency with which one seeks it. Tribal women in western Madhya Pradesh in which our project area is situated, are too burdened by the multiple oppressions enumerated above to be able to seek anything at all let alone health. Specifically in the sphere of reproductive health, moreover, there is an intimidating culture of silence (Dixon-Mueller & Wasserheit, 1991). So the organisation process started with an attempt to open up this dark and forbidden area. Weeks were spent visiting the villages and going from house to house to talk to the women.

Breaking the culture of silence.

A whole day spent in Chainpura village going from house to house and to the fields where they were working to talk to the women and call them to a meeting to be held in the evening resulted in only five women coming to it. The women listened silently as the conversation was directed gradually towards reproductive health. Initially this did not draw much of a response. Then when specific problems like leucorrhoea were mentioned, one woman said that she was suffering from it as well as backpains. Another revealed that she had a slight prolapse of the uterus at times when she did hard work. It was decided to hold a bigger meeting on a later occasion.

The village Golanpati which is about six kilometers away is picturesquely set on the banks of the Kanad river in a depression surrounded by hills at the foot of the Malwa plateau. It is unfortunately without any electricity. Consequently most of the men and the young unmarried women were away labouring on the fields of rich farmers atop the Malwa plateau to collect the money needed to buy diesel for running their engine driven irrigation pumps. A death of a close relative had taken place in a village some distance away from where most of the young wives in the village hailed and so they too were absent. So time was spent in desultory conversation about various things and after some time some of the women decided to go fishing in the Kanad river with small nets called "dahwalia". The people of the area are able to supplement their normal diet with such occasional infusions of rich fish protein.

The village Akya too is without electricity and is situated on the banks of the Sukhdi stream. Here the people had already arranged for the diesel and irrigated their fields once in preparation for the winter crops of wheat and chana (Indian gram). Once again the daytime was spent talking individually to women in their houses and the fields inviting them to the evening meeting. The houses here are all on the farms of the respective people and so scattered over a distance of some three kilometers. In the evening upwards of thirty women attended the meeting. The meeting went off well. As many as twentythree women reported

The introduction of the sterilisation target free approach to population control may have brought about a so called paradigm shift at the level of policy but the ground reality that continues to prevail for poor women in remote rural areas is the same old one of ill health and neglect.



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Patriarchy afflicts the more well off uppercaste women in the area too. There is one Jat woman in Limbi who has lost her mental balance because she could not bear the mounting pressure on her to produce a male child after repeated births of girls.

various kinds of reproductive health problems and demanded that something be done to relieve their sufferings. The women complained that the local quacks only gave them injections which did not relieve their pains or suggested that they go and get their uteruses removed. The government health worker rarely visited the village.

The villages Okhla and Chandupura are adjacent and for all practical purposes are like two neighbourhoods of the same village. The district administration, however, displaying typical bureaucratic perversity has put the two villages in two separate panchayat clusters. These villages are lucky to have electricity because there is a Hanuman temple in Okhla where the epic Ramayana has been recited day and night continuously for the past twenty years. Even though their Gods not to speak of the tribals themselves hold no value for the government the same is obviously not true for a Hindu God.

Once again all the people are busy with their agricultural operations. The people here have been enterprising enough to draw water over great lengths from the Kanad river using electric pumps and PVC pipes. Here during the initial house to house visits one woman in Chandupura said she could get all the women together in a jiffy if she was given a share of the pickings from the project being planned for them! Here for the first time women brought up the behaviour and attitudes of their men for discussion. The lust and violence of their men fuelled by alcoholism they felt were the main deterrent to achieving a healthy status. A health clinic in which specialist doctors could diagnose their problems would be immensely beneficial they felt. There are in these two villages, in addition to the tribals, members belonging to the scheduled castes.

The next set of villages have mixed populations and are dominated by upper caste people. Limbi is a village of Jats. These are a farmer caste which had come here originally from the state of Rajasthan. They own most of the land in the village on which the dalit and tribal people work as labourers. Here there was a pretty good meeting among the poorer people where most of the problems identified in the earlier villages came to the fore once again. The Jat women were prepared to talk individually but none of them came to a meeting which was organised separately for them. There is one Jat woman who has lost her mental balance because she could not bear the mounting pressure on her to produce a male child after repeated births of girls. There is another woman who was tricked into marrying a doddering old Jat in his seventies. The old man died recently and she is left to make a living with a small girl of five and some land.

Mundla is another village dominated this time by a different farmer caste, the Dangis. These people too own most of the land in the village and make the tribals and dalit people work for paltry wages as low as Rs twenty a day which is less than half the statutory minimum wage. Here the evening meeting was attended by the men instead of the women. The men listened and went on saying "Ha bahenji, sach bahenji" (Yes sister, true sister) but did not make any comments of their own when they were told that they should be more considerate of the health of their women. Even though they promised to send their women to the repeat meeting to be held in the morning no one came then either.

A Sisyphean Enterprise



The village of Palsud is situated between these two villages and the villagers there, some dalits and some tribals, are continually troubled by the Jats and the Dangis. There have been murderous fights and at present two tribals from Palsud are serving a sentence in Indore jail for having murdered a Jat from Limbi. The women in this village enthusiastically took part in the meeting and talked about their reproductive health problems quite freely. There are two other villages Bargana and Barkheda nearby but in both of these the meetings drew only four or five women. One of these women a Jat goes around wearing a cloth belt around her loins to prevent her uterus from coming out. She would like to have a hysterectomy but does not trust the private doctors in Sanawad where most of the other women have got themselves operated. In the local dialect this is referred to as the "burra operation" (big operation) to distinguish it from the sterilisation operation which is called just "operation" and is done free by the government doctors as part of the family planning programme.

The last set of villages were in a cluster on the banks of the Choral river. The villages of Aronda and Kundia lie to the west of the Choral river while the villages of Sendhwa and Karondia lie to the east. There are two NGOs, the Vidya Pracharini Sabha (The Society for the Propagation of Education) and the Samudayik Vikas Karyakram (Community Development Programme), operating in these four villages. While the first runs kindergartens the second has two workers who have been trained in herbal medicine which they are supposed to popularise among the villagers. The women who run the kindergartens have been told to get the women in their villages to deposit Rs. 25 each into a common fund to be kept at the bank in Balwada which is the nearest market village.

In Sendhwa village the Brahmins and Patidars who are upper castes do not let the dalits draw water from the public handpump and the latter have to drink water from the Choral. Consequently during the monsoons there is an annual epidemic of waterborne diseases among these people and in 1995 there were three deaths due to gastro-enteritis. Here too the meetings were sparsely attended but the women who did come all complained of reproductive health problems and of the insensitivity of their men. The upsarpanch* is a Muslim who as a community are notorious for their anti-women attitudes. The upsarpanch's wife herself suffers from anaemia with a haemoglobin count as low as 6 grams per decilitre despite their being quite well off economically. She spoke about her problems individually but did not come to the meeting.

Katkut, the centre of this area by virtue of being the weekly marketplace and also having a civil dispensary and a police outpost, is a peculiar village. It is dominated by the Jats and the sarpanch is a Jat

The upper castes in Sendhwa do not allow the dalits to draw water from the public handpump and so they have to drink the water of the Choral river. Every year during the rains there is an epidemic of gastro-enteritis with people having died during the rains in 1996.

* A watered down version of the traditional panchayat system of local governance has been made a part of the constitution of India through a recent amendment. Following this it has now become mandatory to hold elections in which all the eligible members of the gramsabha (general body) of a panchayat are allowed to vote. The panches (ward members), upsarpanches (vice chairperson) and sarpanches(chairperson) come into office for a period of five years after being elected and constitute the executive of the panchayat.



Felicitating Kansari

Some women were loathe to talk about their reproductive health problems in group meetings. They were afraid that the public knowledge of their illness might be used against them by their opponents in the dirty politics that is often played in the villages.

woman. The husband of the woman operates in her name. The Jats of Katkut are held in low esteem by their caste men from other villages because of their arrogant and boorish behaviour and the men find it difficult to get brides. One young Jat woman complained that she repeatedly aborted and would like to know whether there was any solution. She was the only daughter-in-law in a house of four sons. There was no father-in-law who had died very early. The mother-in-law Karmabai fought a long legal battle with her brothers and has gained possession of her share of her father's land. She is a panch in the panchayat. She said that the Jat women were extremely oppressed and it was not possible to get anything done in the interest of women in the panchayat.

Katkut being the local market village has a lot of traders and moneylenders and also five quacks. There is an ayurvedic dispensary of the government with a doctor and compounder. There are little or no medicines available in this dispensary and mostly the doctor spends his time reading a newspaper or treating patients with allopathic medicine for a fee. The other government health functionaries too are engaged in the same clandestine allopathic practice. All the local government servants working in various departments stay in rented apartments. These people along with satellite television and a licensed and unlicensed liquor shops make the atmosphere in the village more an urban one than rural. The hybrid Indian pop culture being spread through television programmes has spread among the youth whose aspirations have become urban. There are tribals and dalit people here too but except for a few they are mostly landless.

Our agenda versus their agenda

We had known beforehand that we would find women suffering from reproductive health problems and so we had planned reproductive health workshops to followup our preliminary meetings. We had intended to use these workshops to familiarise the women with the workings of their bodies and the causes of their health problems. This we thought would be a good preparatory step towards pepping up the women to act in a concerted manner both within the home and village and also outside to improve their health. All these plans were dashed by the experience of the preliminary meetings. This was not to be.

The general reluctance of women to talk about their reproductive health problems in a women's group puzzled us initially. Finally Ramanbai of Chandupura provided the answer. She said that in her village there was tremendous infighting among the different families over various issues. There was a lot of backbiting. So women did not want to reveal their illnesses, the public knowledge of which could be used against them. Consequently even if individually they would talk freely about their problems many times women refused to come to the meetings. Later inquiries in other villages revealed this to be true. This was an absolutely new problem that we had never encountered before because we had never ventured into the personal sphere of village women.

A Sisyphean Enterprise



One woman from Okhla had recently had a baby at the PHC at Barwah. During the delivery the vaginal opening had been ruptured and had had to be stitched. She was told that she could later get the stitch removed by the auxiliary nurse-medic (ANM) of the government in Katkut. This ANM, however, said she was not competent enough and that the woman would have to go to Barwah again. "How will it help if I understand my problem if I do not have the technical expertise to solve it?" asked Bansi who has been ill ever since she gave birth to her fourth child under complicated conditions some three years ago. The women everywhere insistently demanded that arrangements should be made for proper medical attention instead of holding reproductive health workshops.

Service delivery work like arranging health camps requires an infrastructure which we neither possessed nor had the intention of setting up. So we had to fall back on the Kasturba Trust and the government health department. We had initially introduced ourselves to the people as workers of the Trust. This we had had to do because this area is dominated by non-tribals who are very edgy over the tribal mobilisation going on in other parts of Western Madhya Pradesh. This area is also a stronghold of the Bharatiya Janata Party which is a political party espousing the cause of Hindu nationalism and which has communal and fascist tendencies. Under the circumstances we would not have been allowed to begin our work if it had been made known that we were activists of the Jan Mukti Morcha.

The arrangement with the Kasturba Trust had been that we would do the organisation work among the women and if at any time demands for clinical services came up then these would be provided by the former's mobile clinic cum dispensary. The demand of the women was for checkups by women gynaecologists. There were no gynaecologists in the Trust hospital in Indore. The gynaecologist in the PHC in Barwah never sets foot in the remoter tribal areas. So private gynaecologists in Indore had to be contacted and convinced to give their services free of charge. There are a lot of institutional and specialised human resources in the city of Indore which are not being properly mobilised at present. Thus just by mobilising this existing infrastructure more efficiently it became possible for us to arrange the health clinics.

Despite having spent more than a decade organising tribal people we had never paid much attention to health apart from doing crisis management when epidemics of cholera, gasro-enteritis or scabies spread. The actual rural health scenario and especially the sphere of women's health has turned out to be much more complex than we had imagined. Our cut and dried prescriptions which we had thought out beforehand have had to be trashed. The inertia against change becomes more evident when attitudes and habits have to be changed. Mobilising people on a secondary issue like health as opposed to more pressing livelihood problems is a difficult task. This has often made us feel as if we are in a similar predicament to that of the Greek mythical character Sisyphus who was cursed by Zeus to eternally roll a stone up a hill only to see it roll down again and again.

One woman from Okhla had ruptured her vaginal opening during the delivery of her child at the PHC in Barwah and so it had had to be stitched. The ANM in Katkut refused to cut the stitches when the wound had healed saying she was not competent enough.

Gynaecology In The Wilderness

There are governmental and non-governmental agencies already providing health services in the area as has been mentioned. It will be appropriate at this juncture to review the work being done by these NGOs and the government health service in the field of healthcare.

The limits of voluntarism

The Kasturba Trust had been running a mobile clinic in the area since 1995 before it wound up its activities in 1998. The clinic with a qualified doctor and a rudimentary dispensary used to pay a visit to the villages in the area three days a week. In addition it had provided training from time to time to thirteen dais of the area in better delivery practices and basic medicine and used to give them a monthly stipend of Rs 100. Three young male health workers also used to get a stipend of Rs. 100 a month. There were two community organisers to oversee the work.

The idea behind the project was that the community organisers would with the help of the dais and the health workers motivate the people of the village to improve their health awareness. They were also to keep track of the diseases in the villages and bring the ill to the mobile clinic when it visited these villages. This ideal plan did not work partly because of a lack of appreciation of the formidable social obstacles in its path and partly because of a lack of motivation among the workers. Moreover since this was an USAID funded project there were heavy reporting responsibilities that kept the workers involved in paper work. What can be more indicative of the lack of effectiveness of the programme than the fact that even after two years the Trust workers had no inkling of the severe reproductive health problems being faced by the women of the area.

The other two NGOs have much less ambitious goals. The Vidya Pracharini Sabha has restricted itself to running kindergartens and village credit funds for the women and initiating some development works. Free health camps are also arranged by it from time to time. It does not address itself to problems of social discrimination at all and also skirts the issue of various other kinds of exploitation that are rampant in the area. The Samudayik Vikas Karyakram had initially given workers from Balwada the responsibility of spreading the use of herbal medicines in the villages. Later it found that these workers never visited these villages so it appointed local youth. Obviously these youth too were in no way inclined



to take on the Herculean task of weaning away the villagers from modern medicine towards herbal medicine and so the programme was wound up in 1997.

None of these two NGOs have addressed the issue of the reproductive health of women. They had not even heard of the target free approach and the paradigm shift in maternal and child health care. They expressed surprise that the government had taken what they deemed to be the rash step of freeing the population control programme from sterilisation targets! They were doubtful as to whether the revolution in provision of healthcare envisaged could indeed be realised on the ground given the prevailing realities of societal and resource constraints.

In the doldrums

The governmental health services are in a sorry state. Not only are there inadequate staff but there is also a shortage of medicines. There was no supply of iron and folic acid tablets with the PHC in Barwah for some six months in 1998. In Bagli Tehsil these are available but there is a severe lack of staff to distribute these and so the medical officer there has given us the responsibility of distributing some of his stock. Obviously there can be no question of ante-natal care.

When the health records of the PHC in Barwah were studied we found to our surprise that all the RH services, especially ante-natal care, were being provided to the full. Investigations revealed that the government village level health workers were submitting false reports of the services they had in fact not provided. This falseness even extended to the reports of births, infant deaths and maternal deaths. The village level workers brazenly admitted that they could not possibly travel on foot through remote areas attending to the needs of women and so the only option was to submit false reports in the monthly meetings. Since the provision of reproductive health services is difficult to monitor as compared to the completion of sterilisation targets so for years together the health records of the Barwah PHC and possibly most other rural PHCs in Madhya Pradesh have had no relation to the reality actually prevailing on the ground.

This then is the state of the much vaunted target free approach to reproductive healthcare for women in the area. Yet when it comes to oneshot affairs like the polio eradication or sterilisation campaigns there is no dearth of enthusiasm or resources. This is the dismal scenario in which we had begun our intervention to try and improve matters. After the initial contact programme a more effective clinical approach was sought to be introduced through the arrangement of monthly reproductive health clinics.

Reproductive health clinics

Three reproductive health clinics were held one each month between November 1996 and January 1997. Organising the first one at Palsud required a lot of hard work. Inspection tables had to be constructed. The mobile clinic of the Kasturba Trust did not have any obstetric instruments so these and gloves had to be acquired. The

The health records of the PHC in Barwah show that all the RH services are being provided to the full. The village level workers brazenly admitted that they rarely visit the remote villages and only submit cooked up reports during the monthly meeting. Even birth and death statistics are false.



Felicitating Kansari

The doctor had told one woman to put the tablets given to her for a vaginal discharge "inside", without specifically mentioning the Hindi word for vagina. The woman assumed that they were some kind of totem and so kept them safely wrapped up in a cloth inside her trunk.

gynaecologists from Indore had to be contacted. The PHC in Barwah had to be informed to requisition the services of a pathologist. The school building in Palsud had to be cleaned and temporary inspection rooms with sufficient lighting had to be prepared. In the end things turned out very well. Three gynaecologists, one physician and one paediatrician attended to upwards of eighty patients. Thereafter the other two camps at Okhla and Kundia did not pose much problems as we had got the hang of arranging such camps. The camp at Okhla was immensely successful with over a hundred patients. The camp at Kundia had only about forty patients because some of the influential but dubious non-tribals in the nearby villages objected to our not involving them.

The doctors found that most of the women were anaemic but exact estimations were not possible because the pathologist from the PHC at Barwah did not come with the reagents required for haemoglobin testing. He said that there was only a limited supply at the PHC. The doctors found it difficult to communicate properly. This difficulty arose not just because of the language difference but also because of the tendency not to reveal too much to the patient. Thus we had to both elicit more information from the doctors and also convey it to the women in their own language. There were some medicines that were free having been provided by the doctors from their stocks of physician's samples but others had to be bought. Consequently there was some confusion among the patients who began demanding free medicine as in other camps of this type. We ofcourse had made it quite clear in our meetings that medicines would have to be bought. Many women who had registered their names for checkups in the preparatory meetings later refused to get themselves physically examined. Some even ran away to their farms rather than be dragged to the examination table!

The follow up

The real problems arose during the follow up to these camps which have been an extremely educative experience for us. A major revelation was that many women do not take the medicines prescribed to them. Some women had orally taken the vaginal tablets for curing leucorhoea given to them for insertion in their vagina. Another woman had kept the vaginal tablets safely wrapped up in cloth in her private box because the doctor had just told her to put it 'inside' without mentioning the Hindi word for vagina. So the woman had assumed the tablets were some kind of a totem and kept them in her box instead of inserting them into her vagina. Inquiries revealed that this carelessness or reluctance in taking medicines regularly was quite common.

Many of the women had come with the expectation that the big doctors from Indore would give them injections of special miraculous medicines which would immediately cure them of their problems. One woman in Okhla, Suraj, even went to the extent of saying that she did not trust us and the medicines. She had gone for the checkup to see what kind of treatment was being given. She was extremely upset when we repeatedly went to her house every week to see whether she was taking the medicines. "Mujhe aise lafde nahin chahiye, mere naam

Govt hinders those who help themselves, claim the Bhils

STATESMAN NEWS SERVICE

NEW DELHI, April 10. — The government wants the voiceless to remain voiceless. Neither does it take any action for their upliftment nor does it allow the people to do anything for themselves.

This was the outcry of women of the Bhil tribe from Madhya Pradesh who have been fighting against the sale of illicit liquor in their villages and have questioned the government's neglect of reproductive health services for the rural tribal women.

Addressing a press conference here today, Navadi Bai, a resident of Kargone district, said, "liquor is being sold rampantly in the area and leading to health problems, but there are no doctors and medicines to treat the people".

She recalled how various trips to the district administration to ask them to check the illicit liquor sale were徒劳的. "At a time when we went, we had to come back dis-

appointed and were told to solve our own problems", she added.

It was then that the women of some 20 villages got together and organised themselves under the banner of "Adivasi Shakti Sangathan" and decided to deal with the problems in their own manner. This activism not just angered the bootleggers operating in the area, it was also not appreciated by the administration.

According to Ms Suman Parhar of the ASS, the commissioner of Indore stated that he would not have women taking the law into their own hands against illicit liquor vendors as it would result in chaos. She further alleged that the superintendent of police, Khargao, asked the Sangathan members to respect the fundamental rights of the bootleggers to carry on the trade for their living.

Longi Bai, a resident of

Chainpura district, said, "rather than

providing us with our right to basic

health care and stopping the illicit

use the toilet", said Jamaci Bai and questioned, "is this not a violation of our rights".

On the health care front, the women claim that doctors in the area do not provide proper medication. A study, conducted by an NGO in the area had revealed that as many as 85 per cent of the women were suffering from some or the other reproductive health problem. The average haemoglobin content in their blood was found to be 7.5 grams per deciliter, far lower than the healthy value of 14. "There are no iron capsules for pregnant women and no immunisation facilities for our children", lamented Navadi Bai and added "does the government have no responsibility towards us".

They have come to Delhi with a hope that the Central Government will take note of their woes and not be as insensitive as the MP govt. Ms Parhar said the sangathan would also be contacting the NCW to come to the rescue of the tribal women.

liquor which is destroying the lives of people, they talk of rights of the criminals".

With no help forthcoming from the district administration the women went ahead and "raided" some of the houses where the liquor was stored. "We found rooms full of bottles and took them in our custody and finally handed them over to the police", said Navadi Bai.

But this was the last of the activism that the bootleggers could take and they incited some of the adivasi men to register cases against the Sangathan women. "We had gone to one of our brothers' houses to ask him not to get abusive after consuming liquor, but he did not meet us as the liquor mafia incited and told him that we had gone to kill him", informed Navadi Bai.

It was after this that cases were registered against the women at the behest of this person. The police kept eight women in custody. "Inside the police station, we were neither given water nor allowed to

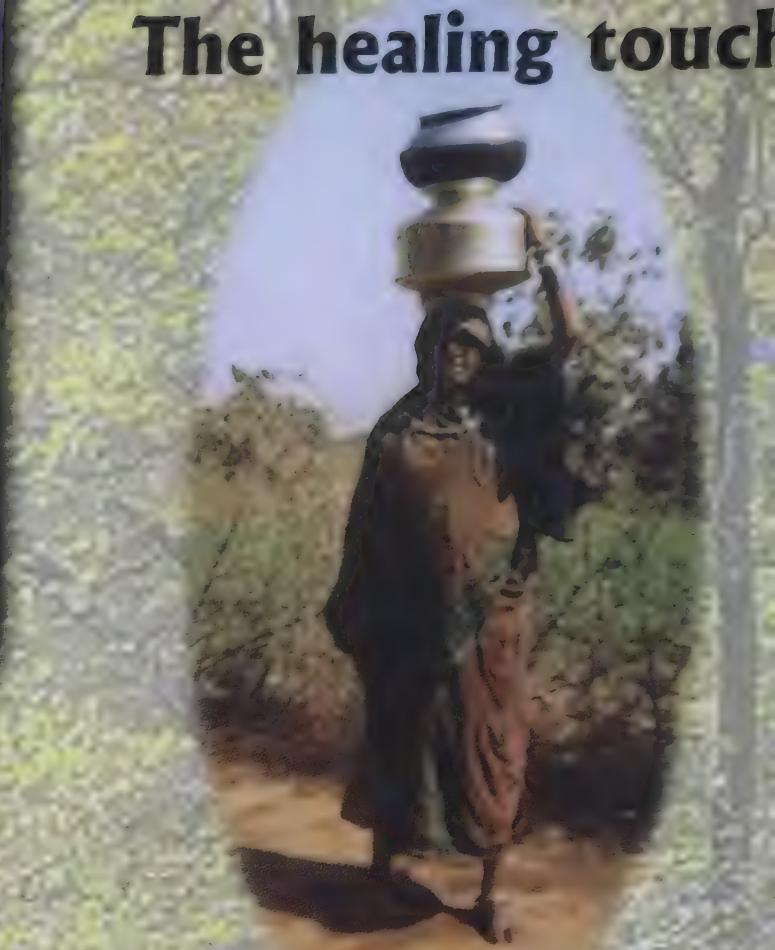


MEDIA EXPOSURE: Women of the Bhil tribe from the Kharagpur district of Madhya Pradesh addressing a Press conference, in the Capital on Friday. — The Statesman.

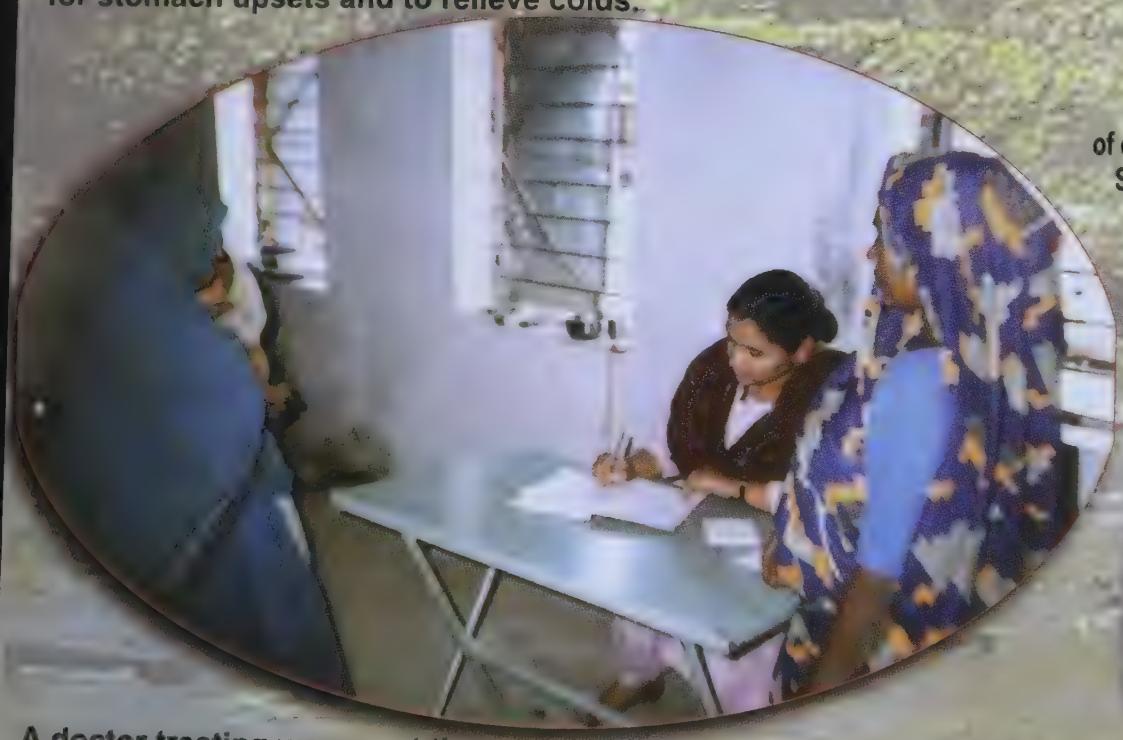
The healing touch



A woman standing in front of her drinking water stand on which she has grown mint which she uses as a medicine for stomach upsets and to relieve colds.



An eight months pregnant teenager doing the daily chore of carrying drinking water from a distance of half a kilometer with a water pot balanced on her head. She is among the fortunate few who get regular ante-natal checkups.



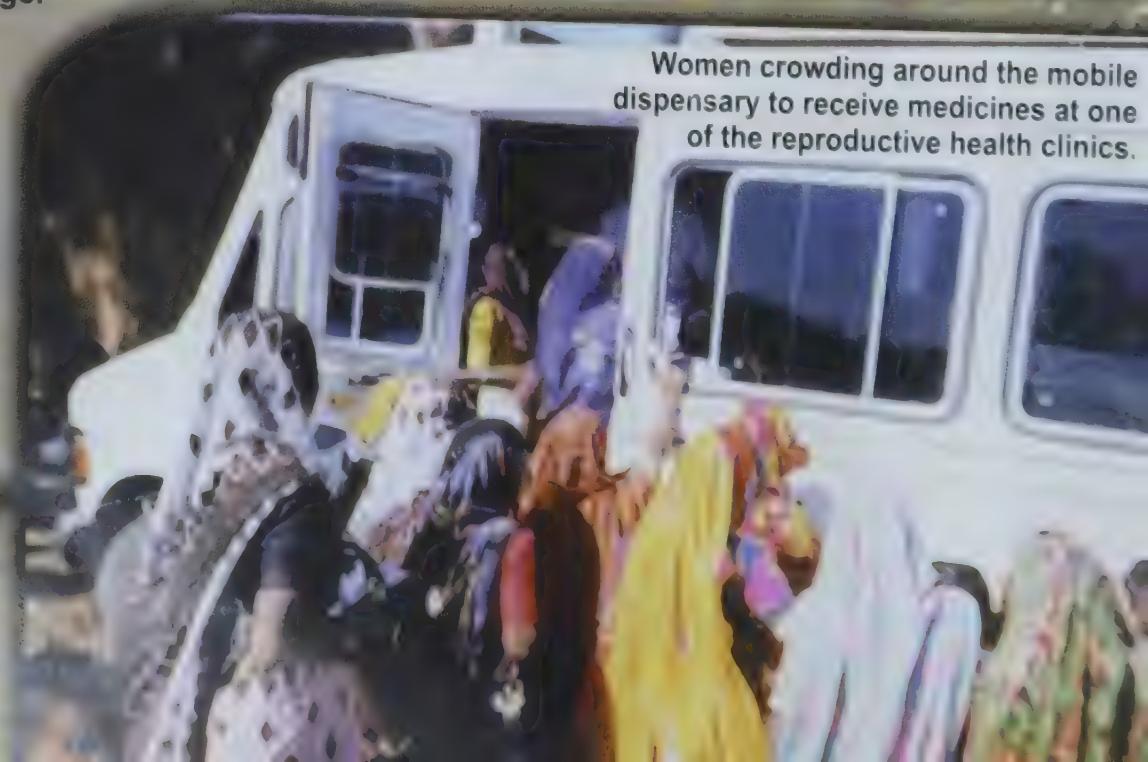
A doctor treating women at the reproductive health clinic held at Palsud village.



Testing haemoglobin levels of the women with a haemometer.



Preparing honey for the women at Kankot.



Women crowding around the mobile dispensary to receive medicines at one of the reproductive health clinics.

Gynaecology In The Wilderness



tumhare chopdi se kat do" (I do not want to get into such trouble so please remove my name from your register) she told us irascibly.

The quacks are playing an extremely dangerous role as far as the reproductive health of women is concerned. Initially they try and give antibiotic injections and pain killers to the women who go to them for treatment. When naturally this does not succeed they advise the women to undertake hysterectomies. These quacks act as touts for gynaecologists in Sanawad and Indore who have private clinics. Kusma of Akya related how on one occasion she was taken along with five other women who were complaining of various kinds of pains to a gynaecologist in Sanawad by a quack in Katkut. All five of them were told to get hysterectomies done. Kusma was extremely relieved when the doctor at the Okhla clinic told her that she suffered from hyperacidity and bloodpressure and so there was no need for her to take the burra operation. These quacks also provide unsafe abortion services which had led to the death of a woman from Katkut last year.

Invariably the women suffer from continuing pains and leucorrhea even after undergoing this burra operation. Quite a few such women came to the clinics and some solution to their problems has to be found. While some of the women reported improvements from the insertion of vaginal tablets most did not. Leucorrhea too requires more detailed analysis and treatment than that made available in the clinics. We tried homoeopathic and ayurvedic treatment as an alternative and there are better results from this. Another phenomenon is that of women's vaginal opening having become so extended and loose from repeated childbirths that when they get up from a squatting position air is sucked into the vagina which is then ejected with an embarrassingly loud sound when they sit down again. All in all it has become clear that a much more comprehensive analysis and treatment programme will have to be undertaken for reproductive health problems.

Many women had complained of pains in the stomach and of dizziness. Their problems were diagnosed as being acidity and bloodpressure. When despite appropriate medication some women reported that there was no improvement we decided to inquire about their food habits. We found that they take a diet which is heavy in salt and hot chilly. They do not drink much water. Combined with low nutritional levels this is a surefire recipe for hyper-acidity and bloodpressure. When Subhadra suggested to one woman that she drink a litre of water first thing in the morning every day pat came the latter's reply, "Why should I drink so much water when I do not feel thirsty?" Why indeed.

One day while coming back to Katkut from Okhla we decided to veer off from the road to visit a group of dalit bamboo basket weavers just to see how they were doing. We found that one boy had been affected by scabies. We wrote them the name of the medicine, benzyl benzoate, on a piece of paper and told them to get it from Katkut and explained to them how to apply it and what precautions to adopt. We also told them that in the interim they could apply crushed leaves of the neem* tree.

* The neem tree (*Azadirachta indica*) has a lot of medicinal uses. It proves beneficial in the treatment of skin diseases and is also used as an antiseptic and disinfectant. In recent times it has come in to the news because of an American multinational company having taken out a patent for some of the compounds derived from it.

Another phenomenon is that of some women's vaginal openings having become so extended and loose from repeated child births that when they get up from a squatting position air is sucked into the vagina which is later ejected with a loud sound when they sit down again.



Felicitating Kansari

When we went back five days later we found that the people had not bought the medicine as it was not available in Katkut and had relied only on the neem leaves which had not been effective and the boy was in a worser condition. The infection had also spread to a few more children. We got the medicine for them from Indore so as to ensure that the disease did not spread any further. Among tribals scabies assumes epidemic proportions because they do not clean themselves and their properly.

There are some serious cases ranging from piles, stones in the bladder, suspected cervical cancer and the like which require detailed examination and treatment in Indore. The people ofcourse are too poor to even think of going to Indore let alone get themselves treated. The camps threw up three advanced cases of TB. These people were getting themselves treated by private practitioners at great expense unaware that the government had a TB eradication programme which provides free treatment. One of these patients is from Katkut and yet he did not get wind of a TB camp held by the PHC at Katkut in October 1996 which had drawn a blank. When finally he came to know from us he took the trouble of walking twelve kilometers to the Kundia camp for registration and treatment.

Thus just medication alone is not a solution to the health problems that women face. The culture of instant solution through injected medication introduced by irrational allopathic practice over the years has totally destroyed the people's capacity to seek their own solutions. Consequently, as mentioned earlier, women want immediate medical solutions and are impatient about sitting and understanding the cause of their problems.

There is the question of the ethics of collecting data from people ostensibly for their benefit when they are in most cases utilised for serving other dubious ends. No wonder then that people do not tend to respond or often give false information.

Reproductive health survey

Our discussions with them had clearly revealed that the women felt the pressure of work and patriarchy after marriage. This invariably led to their general health deteriorating and most women becoming anaemic. The doctors had surmised that most of the women coming for treatment were anaemic from the whiteness of their eyes but due to some logistical problems measurement had not been possible. So it was decided to undertake a detailed reproductive health survey. This it was hoped would give us a better idea of the extent of the problems and so help us in devising an appropriate solution.

There are, however, some serious practical and ethical problems with conducting surveys that are normally glossed over by academic researchers and policy makers. The numerous surveys that have been conducted by the government and the Kasturba Trust have induced a survey fatigue in the people and they just do not respond. So very often the data are fudged as done by the health workers of the PHC in Barwah. Then there is the question of the ethics of collecting data from people ostensibly for their benefit when they are in most cases utilised for serving other dubious ends (Subhadra and Rahul, 1997). Rarely are the respondents of a survey involved in the design of its structure or in the policy decisions taken based on the results.



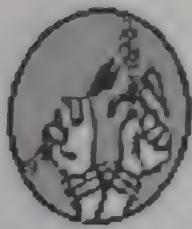
When, however, surveys are done in a small local population with the intention of providing immediate relief to the respondents based on the information gathered from them about some problem or the other then the problem of ethicality does not arise. A good example of such a study is the landmark one done by the Search project in Garhchiroli in Maharashtra (Bang, 1989). Our survey too falls into this category. Nevertheless we took no chances and had detailed discussions with the women to decide on the best possible design of the questionnaires so as to ensure full cooperation before embarking on the survey.

The survey was conducted in the first week of April 1997 by adolescent girl students in the 15-18 years age group studying in the high school run by the Kasturba Trust in Indore. An orientation workshop extending over three days was first held for these girls. The first day was spent in bringing home to the girls the extent to which women are oppressed by patriarchy. This was done not in a pedagogical fashion but by inducing the girls to analyse various kinds of injustice being suffered by women in their own surroundings. The second day was devoted to explaining the workings of the reproductive system in particular and the human body in general. The third day was utilised to give the girls an idea of the kind of reproductive health problems being faced by women in the survey area and the survey design and schedules were explained to them.

The workshop revealed that even young girls have internalised patriarchy and are not at all sensitive to the ways in which women are continually downgraded in society. There was stiff resistance on the second day to the open discussion that was conducted to describe the reproductive system with the aid of overheads. Girls just did not want to discuss sex and the ways in which lack of knowledge about sexual matters could lead to serious reproductive health problems. These girls mostly come from middle and upper-class backgrounds and they all had misconceptions about the menstrual discharges. These misconceptions were reinforced by the various taboos that accompany the onset of menses in Hindu society. There is an urgent need for sensitising adolescent girls not only to reproductive health issues but also to the societal factors that contribute to widespread morbidity among women. This lack of information among adolescents and efforts to improve matters is of course an universal phenomenon (The Alan Guttmacher Institute, 1998).

The main aim of the survey was to get a comprehensive idea of the extent of reproductive health morbidity among women in the reproductive age group. Simultaneously the survey was structured so as to test a few hypotheses that we had surmised from our initial field work. One hypothesis was that the high levels of morbidity had a close relationship with the poor general health status as reflected in the anaemic condition of most women. The other more important hypothesis was that this morbidity had more to do with the pernicious effects of patriarchy that were so evident and was not just the result of poverty. A subsidiary to this latter hypothesis was that the effects of patriarchy are more pronounced in married women. The main schedule consisted of a list of various problems and factors that affect reproductive health like the number of child births and deaths, the age at marriage and such

Adolescent upper and middleclass girls showed a distinct reluctance to discuss sex and the ways in which lack of knowledge about sexual matters could lead to serious reproductive health problems. The taboos against such discussions weigh heavily on their minds.



Felicitating Kansari

The survey revealed that the average haemoglobin level of the women is only 7.36 gms per decilitre. As many as 84.7 % suffer from some kind of reproductive health problem or other. As much as 6.8 % are afflicted by STDs which is alarming considering that this is a remote rural area.

other related information for women in the 15-45 age group. There were two subsidiary schedules one for determining the heights and weights of children in the 3-6 years age group and one for determining the educational status of children in the 10-16 years age group. The haemoglobin percentage of the women in the 15-45 years age group was also tested by using haemometers.

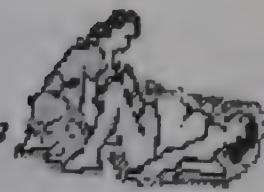
Universal sampling was adopted for the survey in thirteen villages of the area which had been covered by the clinics earlier. Due to various reasons all the women, however, did not respond to the questionnaires. The villages of Limbi and Aronda were chosen because these have upper-caste people who are quite well off economically. Thus the upper-caste women of these villages constituted the control population to test the hypothesis that reproductive health problems were related to patriarchy and not to poverty alone. The other control group was that of unmarried menstruating girls older than 15 years of age to test the hypothesis that the effects of patriarchy are more pronounced on married women than on unmarried women.

On an average each village was surveyed by a team of five girls under the supervision of a teacher. This team stayed with the villagers during the period of the survey. The survey was preceded by a meeting with the men and women in the villages to explain once again to them the rationale behind the survey. The information was gathered through personal interviews. The surveys were carried out over a period of five days. Every evening the survey team held meetings with the men and women explaining to them the various aspects of reproductive health. A cultural show was held on the final evening which included a hand puppet show on the ill effects of alcohol consumption. The logistics of organising the survey were handled by us and a doctor of the Kasturba Trust. This was a difficult task because the area is a hilly one without proper roads and the haemometers and nurses had to be shifted around on time.

The whole exercise was immensely enjoyed by both the villagers and the team members. The only hitch came in the testing of haemoglobin levels. There were just four haemometers which had to be circulated among the villages. Due to improper use blood clotted in the pipette of one of the haemometers and so it went out of order after use in only one village. So haemoglobin testing could be done in only eleven villages. The results of the survey have been presented in the tables 3.1 to 3.5. Even though a total of 268 evermarried women in thirteen villages had been surveyed, the haemoglobin levels of only 163 women in eleven villages could be tested and so the results of these women only have been considered for the purposes of analysis. In addition 28 unmarried girls above 15 years of age were also surveyed.

Table-3.1 presents a shocking picture of the reproductive health status of the women of the area. As many as 84.7% of the women suffer from some problem or other. 49.1% suffer from vaginal discharges and 45.4% from dizziness arising possibly out of high blood pressure. 65% of the women complain of waist pains. Another disturbing statistic is that 6.8% of the women suffer from STDs which is quite high for such a remote rural area where there is no prostitution. A morbidity index M.I. has been calculated as follows:

Gynaecology In The Wilderness



$$M.I. = \frac{\text{Total of all diseases suffered by women in a village}}{\text{Total number of respondents in the village}}$$

This index indicates how many diseases on an average a woman is suffering from simultaneously. The overall M.I. is as high as 3.1. The M.I. for scheduled tribe women is highest at 3.5 while that of scheduled caste women is 2.6 and that of other caste women is 2.1. Thus even though the other caste women who are economically well off are not as badly off as the scheduled caste and tribe women nevertheless the level of morbidity among them too is very high. Notably the other caste women of Aronda who are Muslims show a high morbidity level of 3.2 at par with the tribal women.

The samples being small the Student's t test was used to test whether the means of M.I. of the different categories of women showed any statistically significant difference or not. The result is that the null hypothesis that the means of the samples are more or less the same can be accepted at a 5 % level of significance. Thus our surmise that some other factor in addition to poverty is responsible for the poor reproductive health of the women has been borne out by the results of the survey. Significantly none of the 28 unmarried girls surveyed reported as suffering from any problems. Our detailed observations of the day to day life of the married women in the area described earlier lead us to believe that it is the pernicious effects of patriarchy that are mainly to blame for their sorry reproductive health status irrespective of their economic condition.

Table-3.2 continues the sorry tale revealing that the average haemoglobin level of the women is only 7.36 gms per decilitre of blood which is about 46% of the desired value. Thus our hypothesis that there is a close relationship between the anaemic condition of the women and their poor RH status is amply borne out. Significantly unmarried girls show an average of 11.1 gms per decilitre which is relatively alright further confirming our hypothesis that it is married women who are more subject to the pressures of patriarchy. Furthermore 73.6 % of the women have been married before completing eighteen years of age, 41.7 % have lost at least one child, 17.3 % of women have more than 5 children and only 10.4 % of the women have been sterilised. These discouraging statistics also point toward the pervasiveness of patriarchal values.

Table-3.3 gives the school attendance of children in the 10-16 years age group. An illiteracy index I.I. has been calculated assuming a child who has passed class eight to be literate. The index is a rough indicator of the level of illiteracy among the children and is a weighted average of the various categories derived as follows:

$$I.I. = \frac{\text{Never Studied} \times 3 + \text{Class 5 Dropout} \times 2 + \text{Class 8 dropout} \times 1}{3 \times \text{Total number of respondents}} \times 100$$

Compared to other Bhil areas illiteracy is low though it is much higher than the desired level. Applying the Student's t test we find that there is no statistically significant difference between the literacy levels

The survey confirmed the hypotheses that apart from poverty patriarchy was a major cause of the ill health of women and that the effects of this patriarchy are more pronounced on married women than on unmarried adolescent girls.

Results of Reproductive Health Survey 1997

TABLE 3.1: DISTRIBUTION OF REPRODUCTIVE HEALTH PROBLEMS AMONG WOMEN IN SELECTED VILLAGES OF BARWAH TEHSIL

Reproductive Health Problems	Scheduled Tribes										Scheduled Castes										Others				All																																	
	Palisud					Golampatti					Bargana					Karondiya					Chandhpura					Chainpura					Sendhwara					Kundhwa					Aronda					Limbi					Aronda					Total		Percentage
Haziness of Sight	2	1	8	6	2	9	28	25.5								3	12									1	3	10.7	34	20.9																												
Nightblindness	1	7	1			8	17	15.5								0	0									0	0	0	17	10.4																												
Dizziness	8	4	3	8	15	1	4	3	11	57	51.8	1	3	1	2	1	8	32	1	4	4	9	32.1	74	45.4																																	
Pain in Waist	9	7	6	9	17	1	6	4	18	77	70	2	2	4	2	3	2	15	60	1	10	3	14	50	106	65																																
Swelling in Waist	1											4	5	4.55						0	0																																					
Continuous Cough	4		5	2			10	21	19.1	1	1					1	3	12	1							1	3.57	6	3.68																													
Vaginal Discharge	6	4	4	8	8	8	3	15	56	50.9	4	1	4	1	1	2	13	52	1	8	2	11	39.3	80	49.1																																	
Lower Abdominal Pain	3	4	5	6	8	1	1	14	42	38.2	1	3	1	2	7	28	1	6	2	9	32.1	58	35.6																																			
Vaginal Itch	1	1	5	1	2		5	15	13.6	2	1	1	2	6	24	1	2	6	24	1	2	3	10.7	24	14.7																																	
Prolapse of Uterus	2		2				4	8	7.27	1	1					1	2	8	2	8					0	0	10	6.13																														
Lack of Control over Urine	4	1	3	3		1	14	26	23.6	1						2	3	12							0	0	29	17.8																														
Burning during Urination	3	1	1	6	2	14	27	24.5	2	1	1	1	5	20	1	1	5	20	3	2	5	17.9	37	22.7																																		
STD	1		5				3	9	8.18							0	0								2	2	7.14	11	6.75																													
None	2		2	5		5	5	19	17.3	1	1					2	8	2	2	2	2	4	14.3	25	15.3																																	
Total no of Women	14	7	6	12	24	1	9	11	26	110	100	4	4	6	2	3	6	25	100	6	17	5	28	100	163	100																																
Morbidity Index	2.86	3.57	3.5	5.58	2.79	2	2.78	1.09	4.96	3.53	3.5	1	3.17	2.5	4	1.83	2.6	0.67	2.24	3.2	2.07	3.13																																				

Results of Reproductive Health Survey 1997

TABLE 3.2 : DISTRIBUTION OF FACTORS RELATED TO REPRODUCTIVE HEALTH OF WOMEN IN SELECTED VILLAGES OF BARWAH TEHSIL

Categories	Scheduled Tribes										Scheduled Castes										Others										All							
	Golampati					Karondia					Chandpura					Sendhwa					Chainpura					Kundia					Aronda					Total		
Haemoglobin																																						
no of women with <4 gm	1																																					
no of women with <8 gm	10																																					
no of women with <12 gm	1	6																																				
no of women with >12 gm	2	15																																				
no of women with >12 gm	2	1																																				
Avg. for Married Women	7	10.5	7.9	6.1	9.6	11	5.2	6.7	9.5	8.17	6.4	10.6	6.7	5.9	8.6	5.2	7.23	6.9	9.6	5.8	7.43	7.61																
Avg. for Unmarried Girls	10.6	10.2	11	11	11.3	10.4	10.8	10	11.2	10.7	11.1								11.1		11.4		11.4															
Total no of Girls	4	3	1	1	3	2	2	1	3	20									2		2		6		6		6		6		28							
Other Factors																																						
Age @ marriage<18	11	4	4	12	21	1	6	10	20	89	80.9	3	3	3	2	1	3	15	60	1	10	5	16	57.1	120	73.6												
no of chil. > 5	7		1	6	3	4	3	24	21.8	1		1		1		1		3	12		1	~4	5	17.9	32													
Avg. no of chil./ woman	5.7	3.3	2	2.9	3.3	5	4.9	4	2.7	3.76	2.3	2.5	4	2.7	3.5	2.88	2.3	2.5	5.8	3.53	3.39																	
Death of at least 1 child	11	3	8	9	3	5	12	51	46.4	2	2	1	3	10	40		2	5	7	25	68	41.7																
> 20% of child. have died	8	2	6	6	3	4	10	39	35.5	2	2	1	3	8	32		1	5	6	21.4	53	32.5																
No of Sterilised Women	2		5																																			
Total no of Women	14	7	6	12	24	1	9	11	26	110	100	4	4	6	2	3	6	25	100	6	17	5	28	100	163	100												
Total Surveyed	14	7	24	14	24	13	18	12	26	152	11	12	11	3	3	10	50	6	55	5	66	268																

Results of Reproductive Health Survey 1997

TABLE 3.3: SCHOOL ATTENDANCE IN CHILDREN OF 10-16 AGE GROUP IN SELECTED VILLAGES OF BARWAH TEHSIL

Category		Percentage											
		Barakheda	Akya	Aronda	Limbi	Sendhwa	Chandupura	Lihepura	Kundia	Golampati	Bargana	Chandupura	Barakheda
Never went to School		11	2	5	7							19	13
G Studied < or = class5	3	3	5	1	2	6	2	9	1	2	1	32	62
I Studied < or = class8	6	1	1				4	2		1	3	18	35
R Studied >8	1		1						1	3	9	18	9
L Still Studying		2	7	1	5	11	4	8	6	12	7	2	3
S Total	10	16	10	12	6	19	6	14	17	25	8	8	73
Illiteracy Index	40	81	23	72	0	40	22	29	39	31	8	86	100
Never went to School		2	5	4	5	2	1	12	5	5	36	2	79
G Studied < or = class5	2	5	1	4	1		6	1	4	10	4	7	28
I Studied < or = class8	4			1	1		1		5	3			45
R Studied >8									2		2	17	6
L Still Studying		6	4	6	6	10	12	7	17	8	24	10	3
S Total	14	14	11	16	12	14	14	19	31	42	19	46	48
Illiteracy Index	33	60	42	50	8	14	31	9	53	30	40	88	10
												36	

Results of Reproductive Health Survey 1997

TABLE 3.4: HEIGHTS AND WEIGHTS OF GIRLS IN THE 3-6 AGE GROUP IN SELECTED VILLAGES OF BARWAH TEHSIL

Category		Standard	Golampati	Bargana	Karondia	Chandpura	Sendhwa	Chainpura	Limbdi	Akyar	Barkheda	Overall
3	Mean Weight	12.6	9	11	8.8	11.6	9.3	10	9	10.3	11.3	8.9
Y	Mean Height	90	79	85.2	84.5	82.6	66.8	85	76.2	86.5	83	78.3
R	Total	4	5	6	5	4	1	1	2	8	14	6
S	Malnutrition Index	80	91	82	92	74	87	78	89	91	79	78
4	Mean Weight	14.3	12.1	12	11.2	12.2	16	12.3	14.7	12.5	11.6	11
Y	Mean Height	98	93	96	94.7	90	96	92.8	93.2	92.2	93.3	88.9
R	Total	10	3	6	5	2	5	3	6	10	14	8
S	Malnutrition Index	90	91	87	89	105	90	99	91	88	84	91
5	Mean Weight	16	14.8	13	17	13.6	16	15	15	14	12.7	13.6
Y	Mean Height	104.4	102.4	104.5	108	95	97	102.5	109.2	102	105.3	105
R	Total	5	2	1	5	1	2	1	1	16	9	7
S	Malnutrition Index	95	91	105	88	96	99	99	93	90	93	89
6	Mean Weight	17.2	16.5	15.2	14.5	15.3	15.3	14.5	15	14.8	14.6	14.4
Y	Mean Height	109.4	107	108.3	108.5	106.3	114.7	110.5	106.7	108.8	112	107.4
R	Total		3	3	2	3	3	2	6	12	8	8
S	Malnutrition Index		97	94	92	93	97	93	92	93	94	91
Grand Total		22	13	15	18	10	10	5	15	46	29	12
Total Malnutrition Index		90	92	87	90	89	92	95	91	91	86	88
											81	89

Results of Reproductive Health Survey 1997

TABLE 3.5: HEIGHTS AND WEIGHTS OF BOYS IN THE 3-6 AGE GROUP IN SELECTED VILLAGES OF BARWAH TEHSIL

Category		Standard	Palsud	Golampatti	Bargana	Karondia	Limepura	Chandpura	Kundia	Sendhwa	Chainpura	Limbi	Akya	Barkheda	Overall
3	4														
Mean Weight	13.6	10.7	10.3	9	10.7	11.6	11.2	9.6	10.5	11.8	10.2	10.4	9	10.42	
Mean Height	92.7	80.4	88.7	78	80.3	80.4	84.7	85.3	83	83.6	78.5	74.8	79.7	81.45	
R Total		5	3	2	3	5	3	5	2	15	6	11	3	63	
S Malnutrition Index		83	86	75	83	86	87	81	83	88	80	79	76	83	
Mean Weight	14.9	12.3	13.8	11.1	12.4	13	11.3	13	13	12.4	11.8	11.7	12	12.32	
Mean Height	98.1	92.2	96	94	94	93	92	90.2	94	95.2	94	89.7	96	93.53	
R Total		9	4	8	4	5	3	2	1	21	8	6	3	74	
S Malnutrition Index		88	95	86	90	91	85	90	92	90	88	85	89	89	
Mean Weight	17	15	14.5	12.7	14.3	15			13	13.3	12.8	14.4	13.1	11.6	13.61
Mean Height	106.7	98	100.5	105.3	98	101		102.4	98.5	105	102.3	102.9	102	101.45	
R Total		1	2	3	3	2		3	6	19	15	7	5	66	
S Malnutrition Index		90	90	87	88	91		86	85	87	90	87	82	87	
Mean Weight	19.5	16.2	15	15	17.1	17	16.8	16.1	14.9	15.8	15.3	15	15.84		
Mean Height	114.6	105	106.3	113	114.1	111	111	113	108.6	112.4	112	109.7	116	111	
R Total		8	4	2	9	1	4	5	12	5	3	2	55		
S Malnutrition Index		87	85	88	0	94	92	92	89	87	89	89	89		
Grand Total		23	13	15	10	21	7	14	14	67	34	27	13	258	
Total Malnutrition Index		87	89	85	87	91	87	87	88	88	83	83	87		



of girls and boys even though the latter have a slightly better index value. This area is unique in that parents give equal importance to educating their girl children. So once again we find that at present prior to marriage there is no significant difference between boys and girls.

Tables-3.4 & 3.5 give the heights and weights of children in the age group 3-6 years. The heights and weights are compared to that of the mean heights and weights of Indian children of higher socio-economic strata to determine to what extent the children of the area are malnourished. A malnutrition index M.N.I. has been calculated as follows:

$$M.N.I. = \left(\frac{\text{Observed mean height}}{\text{Standard mean height}} + \frac{\text{Observed mean weight}}{\text{Standard mean weight}} \right) \times 50$$

The girls surprisingly have a slightly better value of M.N.I. than the boys even though the difference is statistically insignificant as per the Student's T test. The nutrition levels are lower than for upper socio-economic strata as is only to be expected.

The survey not only served to confirm many of our conclusions based on general observation but also provided a factual basis for deciding on the future direction of our work. The most notable fact is that prior to marriage there is practically no injustice practised against the girl child. This extends to the concern shown for their health when they fall ill which has not been covered by the survey. It is only after marriage that patriarchal values and taboos begin to oppress women.

The survey also enabled us to get an insight into the minds of adolescent girls of the upper and middle classes. There is a sad lack of awareness of reproductive health issues among these girls and also we suppose among boys. Despite a lot of talk of introducing sex education in schools very little has been done in this regard. Even the teachers were critical about the way in which we openly discussed the workings of the reproductive system and female and male sexuality.

There is thus a lot of ground to cover to achieve a status of wellbeing for women. It is indeed sad that the government efforts in this regard remain restricted to generating high sounding rhetoric and false performance data.

Modern voodoo

Our attempts to solve the health problems being faced by women have given us a revealing insight into the distorted mindset that sustains the irrational way in which modern medicine is being practised in our area. There are two parts to this mindset. One is the perception of the poor tribals themselves and the other is the cunning of the medical practitioners both qualified and quacks. This suits very well the interests of the drug industry which spares no effort to promote this irrationality among both medical practitioners and policy makers. Without a thorough understanding of this mindset it will not be possible to make any worthwhile improvement in the rural health scenario.



Felicitating Kansari

A modern voodoo of the irrational use of injections, drips and drugs has grown around the ignorance of the general public about the working of their bodies and the causes of disease. The MNC controlled drug industry does its level best to perpetuate this ignorance.

The Bhil tribals have traditionally relied on medicine men called "barwah"s for the solution of their health problems. Traditional tribal etiology has it that a variety of evil spirits are responsible for various diseases and so it is necessary to exorcise them by the chanting of mantras. The barwahs know these mantras and the ways in which evil spirits can be exorcised. Herbs too are prescribed as a supplement to these mantras. Even today this view of disease persists among the tribals. There is no understanding at all that disease is caused by germs and bacteria of various kinds. The only difference is that now along with the barwah the people go to doctors also who give them injections and pills or intravenous drips. These things are as arcane to illiterate tribals as the mantras chanted by the barwah but appear at times to be more effective. The tribals do not take any chances, however, and go to both quacks and barwahs either simultaneously or alternately when seriously afflicted.

The doctors, quacks, nurses and health workers all take advantage of this mindset of the tribals and indiscriminately inject antibiotics and apply intravenous glucose drips for even such diseases as colds and dysentery. There is never any serious attempt to diagnose the problem being faced by the patient. These are also supplemented by inadequate doses of oral antibiotics. Consequently the patient has to come again and again to the doctor for treatment. The rainy season is considered by these doctors to be their earning season when they take advantage of the natural increase in the prevalence of diseases to fleece the patients who come to them for treatment. There is not much difference between a mechanic who repairs a bicycle and these doctors. In the case of the bicycle atleast its owner can see the working of its parts and form an idea of how it works. In the case of the human body, however, the working of its inner parts is not visible and so a patient normally does not know what is happening.

This ignorance about the working of their own bodies extends to the general public and is not restricted to just the tribals. A modern voodoo of the irrational use of injections, drips and drugs has grown up around this ignorance. It is in the interests of the multi-national corporation controlled drug industry to perpetuate this ignorance. Thus the market has been flooded with irrational formulations which are being sold at exorbitant prices through unethical promotional means(Panikar et al, 1990).

This state of affairs is even more critical in the case of reproductive health because the workings of the reproductive system are not only more difficult to understand but also there are all kinds of taboos and superstitions associated with it. In such cases the doctors go a step further and advocate hysterectomies as the final solution for such persistent problems as vaginal discharges, waist pains and blood pressure. The government health system is woefully inadequate. There is just one gynaecologist at the PHC in Barwah who rarely visits rural areas being content to practice in the town alone. There is one female auxiliary nurse medic for every six villages or so. There is not even one nurse in the Udainagar area in nearby Dewas district. These women do not have supplies of iron, folic acid, calcium or vitamin tablets. They do not have blood pressure or haemoglobin content measuring instruments.



Community health for tribals

The situation with regard to the lack of quality service providers and the miserable state of health awareness among tribals is on the extreme side in this area but this is more or less the case all over the third world (Aitken & Reichenbach, 1994). Invariably the suggested solution to this problem is to increase the resources devoted to the public health system and to increase the number of and training of the grassroots workers of the public health system. Given the resource crunch being faced by the government and the total lack of motivation in its staff there is no possibility of this strategy succeeding as is evident from the little progress that has been made in the implementation of the target free approach.

NGOs can definitely provide better service but they can touch only a minuscule section of the populace and have to constantly depend on external sources for funds (Jeejeebhoy, 1997). The vast majority of the poor rural women are doomed to suffer in silence. Even when they do seek solutions they mostly go to inadequately trained and extortionate private practitioners. The challenge thus is to build up health awareness in the rural populace so that they can make a better utilisation of the resources which are at present being wasted. Especially the finances that are at present being siphoned off by quacks. A locally self sustaining community health system is a distinct possibility; it only requires a lot of hard work to establish it.

Community health programmes for tribals cannot succeed without bringing about a drastic change in their mindset with regard to health. This will involve their understanding the working of the human body, the causes of the various kinds of illnesses and gaining a rudimentary knowledge of the way in which the various drugs operate. Identification and prescription of locally available herbs too can go a long way towards reducing the costs of health care. The close link between patriarchy and ill health too has to be understood and acted upon.

To this end we have begun arranging reproductive health workshops. These workshops cover not only health issues but also address the issue of patriarchy which as has become clear from our survey is a major cause of the ill health of women. The first such workshop was held in village Jamasi in Dewas district on 3rd August 1997 and was attended by some three hundred women. Many more have been held since. Separate workshops for men too have been held to sensitise them to the various aspects of health care. Local herbal remedies have also been developed for various diseases and work is in progress to systematise their production and distribution.

We have drawn up a plan for mass adoption of simple medicinal procedures to prevent many common ailments that often assume serious proportions. Many of the tribal people in Katkut and the nearby villages have come to accept our argument that most common diseases are treatable without injections and intravenous drips. Our longterm goal is to give more depth and permanence to this new health awareness.

The challenge is to build up health awareness in the rural populace and see that they better utilise scarce resources which are being siphoned off by quacks. This in tandem with an intelligent use of local remedies will provide a firm basis for a self sustaining local health system.

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There are many structural factors which come in the way of women's wellbeing. Patriarchy, poverty arising from exploitation by non-tribals, the wrong development and administrative policies of the government and the twin problems of alcoholism and bootlegging can only be fought through mass struggles. These problems can be tackled only if there is a mass organisation involving both men and women fighting around general issues. Moreover, just about the time when we were thinking of initiating the process of general mobilisation some of the tribals who had relatives in the western Nimar region where the Jan Mukti Morcha is active came back with the news that a husband and wife couple had gone east to their area to help them organise themselves! These people sought us out and asked us to get things moving here too. So from February 1997 onwards the general mobilisation process was started.

We had to be cautious about not side-tracking women's issues in the heat of struggle as had happened in the other mass organisations of the region. So we took a conscious decision to ensure that women remained at the forefront of all activities of the organisation process. We made it a condition for our attendance at meetings that women should be present in them in large numbers. Even though there was initial reluctance from the men, when we skipped two or three meetings the men began bringing the women. Once the initial barrier was overcome we conducted separate meetings for the women to inspire them to get out of the daily rut of household work and involve themselves in organisational activities instead.

Retrospective of women's struggles

Before going into the details of the organisation process it would be profitable to review the rich theoretical and empirical traditions of feminism from which we have drawn considerable inspiration. Modern feminism can be said to have started with the publication of Mary Wollstonecraft's classic "Vindication of the Rights of Women" in 1792. She was a strong advocate of women controlling their own bodies and taking on manly characteristics. Since then through a tortuous process women in the West have gained many rights both economic and political as a result of struggle.

A new wave of feminism started in the late 1960s which spoke of a global sisterhood that could challenge patriarchal power and

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dominance. Soon, however, there were differences regarding the causes of women's subordination and hence the proposed strategies for change. The different streams resulting from this split were : liberal, Marxist, radical and socialist feminism (Ollenburger & Moore, 1992). A new dimension was later provided to this Euro-American feminism by black and coloured women hailing from poorer backgrounds. Later still third world women considerably widened the scope of feminism by analysing their experiences in the historical context of colonial and neo-colonial exploitation (Mohanty et al, 1991).

The mid-seventies saw the emergence of eco-feminism with the publication of Rosemary Ruether's seminal work "New Woman, New Earth". This last challenges the male domination of nature and women and their picturisation by men as passive objects submitting meekly to reason and force. They argue that the tendency to control others and the aggression arising from this are patriarchal attitudes that enslave both men and women. This school has emerged from the ecology and peace movements round the world and is the only feminist one that rejects the dominant mode of development and governance (Plumwood, 1992).

The theoretical and empirical work done to establish the identity of women over the years has borne fruit in the form of universal recognition of the rights of women as embodied in the United Nations convention on Elimination of Discrimination Against Women (Boland et al, 1994). A watershed was reached with the International Conference on Population and Development held in Cairo in 1994. Here for the first time the reproductive rights of women were recognised. Thence forward population control policies which targeted women as objects without any decision making powers of their own have been rejected. This process was further reinforced at the International Women's Conference held at Beijing in 1995. There the importance of enjoying their sexuality for the achievement of complete reproductive and sexual health too got recognition for the first time in an international forum despite some stiff opposition from religious fundamentalists. Women's empowerment and the establishment of reproductive and sexual rights have become the key issues in the feminist movement ever since.

Indian women too have come a long way from the early beginnings in the anti-colonial and anti-feudal struggles. The women's movement in India started in a conscious manner in the mid-seventies with mobilisations against male violence both physical and sexual and later extended to the violence of the government's policies. Later the economic marginalisation of women became a focal point. Thus attention was directed at the development policies that put women in severe stress. The women's movement has succeeded in getting the government to take note of the pitiable condition in which most Indian women live, enact protective laws and frame favourable policies. Like in the West here too there are a lot of differences within the movement but these tend to get blurred when strategic choices have to be made (Agnihotri & Mazumdar, 1995).

There have been struggles against the government's population policies and especially against the introduction of harmful contraceptives like depo provera and norplant and the testing of anti-fertility vaccines (Forum for Women's Health, 1995). In recent times there has been a lot



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of activity around the implementation of the new target free approach to population control based on the paradigm shift in the thinking on women's health following the population conference at Cairo. A process of holding national women's conferences periodically has also started.

Coming together

The market villages of Katkut and Udainagar are dominated by upper-caste farmers and moneylender-traders. These people have together exploited and oppressed the Bhils and dalits of the area for the past fifty years ever since independence. They have done this hand in glove with the government functionaries like the police, forest and revenue officials. This is nowhere more in evidence than in the villages of Karondia, Aronda, Kundia and Sendhwa. The uppercaste people there were also responsible for keeping people away from the clinic held there because we did not consult them in any way about the way it was to be organised. There is rampant prevalence of bonded labour and exorbitant rates of interest are charged.

The forest department is by itself a demon for the tribals as a consequence of the Indian Forest Act 1927 which makes the tribals aliens in their own backyard. Despite the fact that the tribals cannot live without drawing resources from the forest the Forest Act prevents trespass of any kind into reserved forest areas (Fernandes ed, 1996). In reality tribals are allowed limited access into forest lands but only after paying bribes to forest officials. The forest department has even prevented the supply of electricity to three villages on the pretext that the stringing of electricity lines will lead to destruction of trees in contravention of the Forest Conservation Act.

Thus when we started organising the people around these problems there was an immediate and massive response. A domino effect began with people walking in the footsteps of others in the western Madhya Pradesh region who had been fighting for their rights for more than fifteen years and attacking the bastions of oppression and demolishing them. The first casualty of course was the forest department which was totally marginalised within the space of just a few months. People now control the forests in their own villages and are protecting them even better than the forest officials ever did.

The biggest success has been in putting a check on alcoholism and bootlegging. Traditionally Bhil men are hard drinkers. Previously they had to brew their own liquor from the flowers of the mahua* tree which was a laborious and time consuming task and so could be undertaken only occasionally. With the profuse availability of bottled illicit liquor from the two distilleries in the area this constraint has been removed. Excessive liquor consumption by the men not only proves to be a financial drain on household incomes but also leads to sexual and physical chastisement of the women.

* The mahua (*Madhuca latifolia*) tree is yet another multipurpose plant that provides food apart from liquor. The liquor distilled from mahua flowers is considered to be holy and is used to propitiate the Gods. Its flowers are also eaten and oil is extracted from its seeds.

Images of struggle



standing in front of the police outpost in Katkut waiting to be arrested.



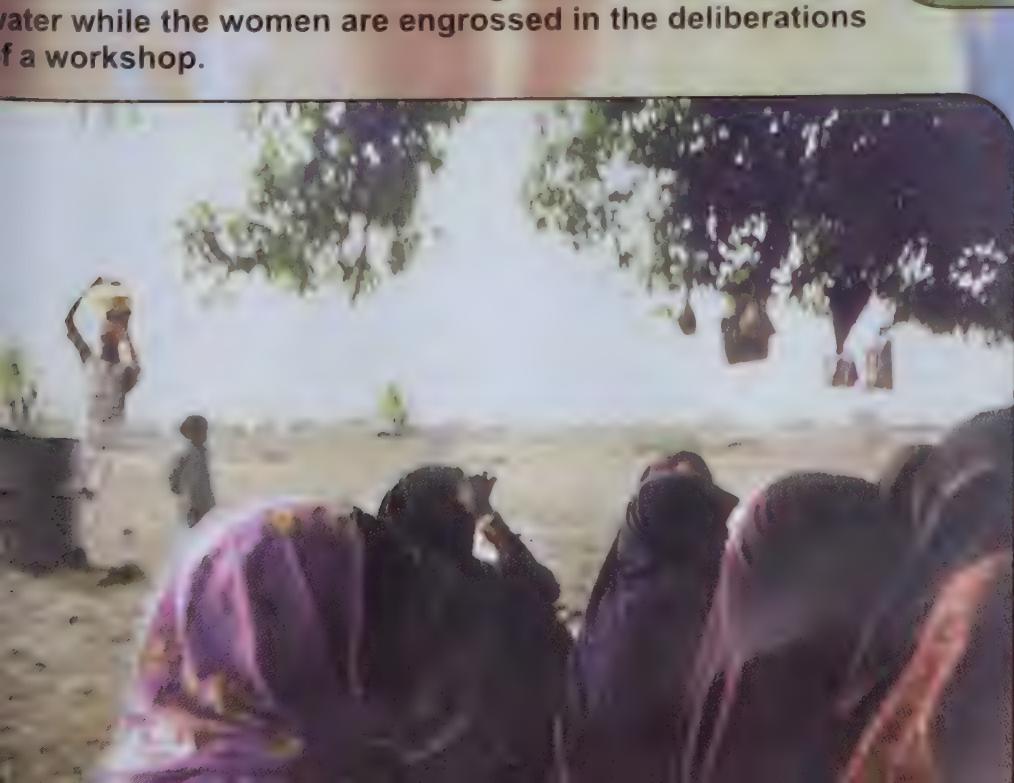
Women at the crucial central committee meeting to decide on the formation of Kansari nu Vadavno.



Women seizing an illicit liquor godown in Pandutalav.



Women waiting to ford the river Narmad on the way to a mass meeting.



Administrative apathy and people's right

Hemant Khandade

RE, June 5: It is yet another case of administrative apathy, lack of administrative power and muscle power taking a mockery of government's claim of being pro-poor. Thirteen women members of Kansari Nu Vadavano, a social group working in Dewas and Khargone district, are on hunger strike in front of divisional commissioner's office demanding their basic rights of health and water. Their voices, however, have fallen on deaf ears of the so-called 'alert' administration, which is running from village to village (under village contact drive) telling people 'if you have any problem tell us, we are available 24 hours.'

The basic point for which these 18 women were made to take this drastic step is that the administration is horrified of their awareness and fears that if it reacted appropriately the illegitimate activities of the administrative officials would get exposed.

TGC talked to the activists of Kansari Nu Vadavano to find the pathetic condition in which these tribal were living and how their miseries was augmented by the administrative machinery. Although health of the activists is deteriorating due to four days of hunger strike, they were full of enthusiasm and

vigour and looked confident to achieve their objective.

Subhadra, leader of the activists told TGC that their group was working for health of women folk in about 15 villages of Dewas district and about eight villages of Khargone district. She said that the tribals in these areas, chiefly Bhil, live in abject poverty. Due to patriarchal system the condition of women folks at some places was so bad that they get only *jwar roti* and chilly *chamli* round the year. Poverty and the resultant malnutrition has caused serious health problems for these people. The suffering is further aggravated by their traditional understanding that diseases are caused by the anger of evil spirits which have to be exorcised to remain in good health, she informed.

Subhadra says that due to lack of medical facilities, the women were the one affected seriously. Most of the women folks even from well off families suffered from anaemia. A survey was conducted to test the RH content and haemoglobin percentage in the women in 13 villages of these areas showed that about 84.7 per cent of the women suffered from some kind of RH problem, 49.1 per cent of them suffered from vaginal discharges and 45.4 per cent from diziness arising out of high blood

pressure. 65 per cent of the women complained of waist pains and the most disturbing factor was that 41.7 per cent of the women losing at least one child, in house to put a restriction on expenditure on liquor. This ultimately resulted in the group launching a drive against the liquor mafia of the area.

The survey found that there was lack of knowledge about sexual matters and the widespread misconception regarding pregnancy supplemented the problem. The social organisations faced stiff resistance when they tried to open discussion on the reproductive system of human being and how few precautions could help in keeping a check on

infant mortality rate.

The survey also discovered that to the administration on May 20, 1997 and a memorandum was submitted to sub-divisional officer on June 12, 1997 but no action was taken by the administration. When the group organised demonstration against the inactivity of the administration, the administration used a whipping hand to suppress the agitation and several more tribals were either jailed or many fake cases were registered against the tribals, alleges Subhadra.

The group kept on demonstrating against the atrocities of government bodies and a memorandum was submitted to secretary of Chief Minister. The group also apprised the National Human Rights Commission and National Women Commission which in turn demanded explanation from the Madhya Pradesh government. But the government, due to its own interests has yet not reacted, tells Subhadra.

The whole episode is the story of administrative shortsightedness and inactivity and support to anti-social elements which resulted in changing of a social group working for the basic health facilities of the tribal into a group of agitators. The hunger strike of members of Kansari Nu Vadavano entered fourth day today but administration has yet not taken any concrete measure to solve the tangle.

The survey also discovered that alcoholism among the men folks of these communities was one of the main cause of malnutrition in women as these people invested most of their hard earned money in alcohol.

Subhadra says that as a precautionary measure her social group started distributing iron pills among the women of the area and educated them on how to cope with the common ailments. The group also made arrangements for a doctor to regularly visit these areas and prescribe medicines to the villagers. However, due to most of the family money going into liquor the women had no money to purchase medicines.

So the women forced the men in house to put a restriction on expenditure on liquor. This ultimately resulted in the group launching a drive against the liquor mafia of the area.

The drive was successful in Dewas but in Khargone the illegal liquor traders, who had close connections with the politicians resisted the move and the police instead of taking action against the liquor traders supported them. The police duped husbands of many ladies of group in fake criminal cases and tortured them, tells Subhadra.



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The lack of access to forests and the spread of alcoholism are both issues that affect the women the most. Naturally women have participated with enthusiasm in mass actions around these issues. In Sulgaon village forest officials impounded some buffaloes from the jungle in which they were grazing. A posse of women went and forcibly freed the buffaloes from the forest check post. Later in a massive mass meeting held in Sulgaon in support of this action one man came drunk and began creating a ruckus on the podium. This man being a wellknown trouble maker the men were hesitating to take action against him. Two women armed with bows and arrows climbed onto the podium took hold of this man by the scruff of his neck and dragged him off the stage and away from the meeting to the applause of the audience.

Thousands of women confronted a notorious goon and his henchmen in Panditalav village in Dewas district and impounded some two lakh rupees worth of illicit liquor in an action that has no parallel in the whole of Madhya Pradesh. Such is the power of the anti-liquor movement that even men who have not given up drinking participate whole-heartedly in actions against the sale of illicit liquor. The sale of liquor during festivals and marriages has been stopped completely.

The momentum that the organisation process has gained has made it a self-sustaining one in terms of mobilising human and financial resources. Right from the start a mass democratic process has been initiated in which there is a minimum level of centralisation of decision making. As a result a whole clutch of men and women have emerged to lead the movement. A formal organisation has been formed and named the Adivasi Shakti Sangathan (Tribal Power Organisation).

Health, education and economic conditions of the poor cannot be improved in isolation without attacking the oppressive structures that inhibit the creativity of the poor people. Once these oppressive structures have been removed or considerably decimated the people become active in all the related spheres as a consequence of their creativity having been inspired. The organisation process in this area has begun as an extension of the Bhil revival that is taking place in the whole of western India and so it is drawing on the immense cultural and political resources that have been built up over the past two and a half decades of struggle.

The main theme of this modern tribal revival is local selfrule as very eloquently summarised in the slogan "Hamara gaon mein hamara raj" (Our rule in our village). This movement demands autonomy for the villagers in all spheres of life and the right to delegate as much power as they deem to be necessary for centralised administration to outside authorities instead of the present system in which these authorities have concentrated most powers in their own hands.

Repression begins

Not unexpectedly this has not gone down well with the exploiting classes and the government functionaries who have been accustomed to oppressing the tribals. They first tried to intimidate the people by various means to prevent them from joining the organisation process. This not only did not succeed but also boomeranged as people took out rallies against the intimidators and had police cases lodged against them under

Thousands of women seized the illicit liquor godown of a notorious goon and bootlegger and impounded some two lakh rupees worth of liquor. Such is the power of the women that the sale of liquor during festivals and marriages has been stopped completely.



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Innumerable false police cases were lodged against scores of men and women members of the ASS as part of a massive campaign conducted by the administration to stem the tide of tribal mobilisation which had seriously challenged the destructive development policies of the state.

the Prevention of Atrocities against Scheduled Castes and Tribes Act. These people then turned their ire on us whom they considered to be the instigators. Complaints were lodged with the authorities that we were naxalites* and were encouraging the tribals to take up arms.

Unlike the naxalites the Jan Mukti Morcha (JMM) does not overtly question the legitimacy of the state. A clever use of the guarantees of fundamental rights and the judicial remedies against the arbitrary use of power by the executive provided in the Indian Constitution (Pandey, 1995) has enabled the JMM to create a political space for itself. The strong challenge being posed by the tribal mass organisations in western Madhya Pradesh to the destructive development policies of the government and the anti-people nature of the bureaucracy had long been needling both the politicians and the bureaucrats. So the government decided to crack down on the JMM and decimate it through police repression from August 1997 onwards. The ASS too came under fire along with other tribal organisations of the area.

Innumerable false cases were lodged against the members of the ASS implicating scores of men and women. Over and above they were prevented by the administration from taking out rallies and holding public meetings to vent their grievances. When massive rallies were planned to be taken out in the towns of Sendhwa and Barwah on 24th and 25th November, 1997 the administration clamped the preventive section 144 of the Criminal Procedure Code (Cr.P.C.)*^{**} preventing the assembly of five or more persons, on the whole of Khargone district.

This was done because on a previous occasion on the 18th September, 1997 all the tribal organisations of western Madhya Pradesh had taken out a massive rally in Indore to protest the atrocities being perpetrated by the administration all over Khargone district. Thousands of men and women had come to that rally disregarding dire threats and the bad publicity that the government had got on that occasion had caused much discomfort to it. So a massive force of some three thousand police were brought in from other districts to enforce the ban.

All the tribal organisations of western Madhya Pradesh took up the challenge and decided to take out the rallies and hold the public meetings come what may. A jeep full of men and women going to take part in the rally in Sendhwa were stopped at the dead of night at 2.30 a.m. on the 24th November, 1997 by the police in Katkut and arrested along with the driver and the jeep was confiscated in a blatantly illegal misuse of the provisions of section 144 of the Cr.P.C. . A worker of the organisation who went to apply for the release of the arrested members was also arrested and sent to jail under section 151 of the Cr.P.C.

* The naxalites are a political grouping formally named the Communist Party of India (Marxist Leninist) who have since the late nineteen sixties been conducting an armed struggle against the Indian state in isolated pockets. They adhere to the original Maoist concept of overthrowing the bourgeois state through an armed revolution conducted by the rural masses. This core ideology remains intact even today with a few changes (Damas, 1991).

** The British introduced the Indian Penal Code (I.P.C.) and the Cr.P.C. to control the masses and discourage them from revolting against their rule. These two black laws give the administration and the police immense powers to suppress people's movements and like the Indian Forest Act have been retained even after independence.

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Women fight back

The women of the ASS then staged a sit-in in front of the police outpost in Katkut from the 27th November to agitate for the release of those arrested and to protest against the highhandedness of the administration. This too was a first for Nimar that women in their hundreds sat in front of the police outpost for all of twenty-four hours braving the cold and the rain. Immediately the police personnel and the non-tribals began misbehaving with the women and calling them all sorts of dirty names. The police outpost is situated in the panchayat of the non-tribals and has two gates. The women then blocked one of the gates in protest against the misbehaviour of the police and the non-tribals. The Subdivisional Magistrate who came to Katkut too refused to intervene against the non-tribals saying that the women should lift their sitin or face the wrath of the latter. Instead two false police cases were registered against Subhadra.

A small revolution of sorts took place on the morning of 8th January, 1998 in Katkut as a group of women arrived in a rally at the police outpost to be arrested and sent to jail shouting slogans, the main one being, "Sarkar ni jail mein katri jagah baki chhe, dekhne chhe dekhne chhe"(We want to see how much space is left in the government's jails). Instead of meekly taking bail these women had decided to launch a struggle against governmental apathy and repression by going to jail instead. The first victory in this struggle was won at the police outpost itself when the police refused to arrest all the twenty women who had cases against them and took only eight into custody despite repeated attempts on the part of the women to be arrested.

The police normally use their power to implicate people in false cases and arrest them to terrorise the common people at large. The police have been long used by the administration and the uppercaste nontribals to subjugate the poor and illiterate tribals. Any tribal who dared to protest invariably used to be beaten up and a false case used to be registered against him. Thus by frightening the police into not arresting all the women an authoritative statement had been made by the ASS in defense of the right of the poor downtrodden people of the area to organise themselves. The arrested women subsequently shouted slogans even in court and argued with the magistrate that they had a right to do so when the latter objected.

False criminal cases have been lodged against the members of the ASS whenever they have agitated either for access to the forests or to prevent the sale of alcohol or in the latest instance when they staged a sit-in in front of the police station. Subsequently the judicial magistrate too instead of releasing the accused on bail has invariably misused his judicial discretion to send them to jail. From the beginning the policy of the ASS has been to refuse to be arrested. This finally forced the police to conduct raids to arrest people in which they were mildly successful but had to desist in the face of opposition which could escalate into a major confrontation.

Subhadra subsequently went on a hunger strike in jail from 11th January, 1998 as a last resort stating that as a dalit woman she did not find any substance in the guarantees to life and liberty enshrined in the

A small revolution of sorts took place on the morning of 8th January '98 in Katkut as for the first time in the history of Nimar a group of Bhil women arrived in a rally at the police outpost shouting slogans saying they wanted to see how much space was left in the government's jails.



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Subhadra went on an indefinite hunger strike in jail from 11th January '98 stating that as a dalit woman she did not find any substance in the guarantees to life and liberty enshrined in the constitution and so preferred death in jail instead of an oppressed life outside.

constitution and so preferred death in jail instead. Her demand was that the arrested members of the ASS be released unconditionally from jail, all the eleven false cases lodged against the members of the ASS be withdrawn and the right of the tribals to stage peaceful demonstrations be restored.

The rest of the members of the ASS who were outside remained active during this period taking out a massive rally in support of the struggle of those inside jail in Barwah on 13th January and then joining the members of a sister organisation the Adivasi Mukti Sangathan in a sit-in in front of the Divisional Commissioner's office* in Indore to demand the transfer of the Collector and Superintendent of Police of Khargone district. The administration had on that occasion given an assurance that three false cases would be withdrawn and no further victimisation of tribals would take place in future. The Superintendent of Police and the Collector were also transferred at the behest of the National Election Commission. Subhadra broke her hunger strike after eleven days.

Yet more repression

Repression, however, has continued unabated with two more false cases having been registered against the members of the ASS. It all started with a seemingly innocuous problem of proper hostel facilities for tribal girls studying in Katkut. The non-tribal headmistress of the government tribal girl's hostel in Katkut had been defalcating the funds meant for the running of the hostel for over a decade resulting in poor living conditions for the girl students. This affected their studies and so invariably the results in the board examinations were very poor. Some of the girl's parents are members of the sangathan and so they had come in touch with the new atmosphere of revolt that was pervading their villages. Naturally they were affected by this and decided to do something to improve matters in the hostel.

They prepared a detailed report of the irregularities and sent a complaint to the Joint Director of the Tribal Department in Khargone in January. An officer deputed by the joint director came to investigate matters and made only a perfunctory enquiry even going to the extent of warning the complainant students not to make any more complaints in future. The headmistress took this as a cue to start harassing the girls who had complained. Apart from berating them in the worst manner she began to deprive them of food. The girls then complained to their parents. The parents brought up the matter in meetings of the sangathan.

The sangathan leaders knowing that the political and administrative powers were against them decided to proceed cautiously. They first asked the girls to give a written complaint to the Sangathan and a copy to the police officer in Katkut. Then they passed a formal resolution in a general body meeting of the Katkut tribal gram sabha that an enquiry should be conducted into the running of the hostel. A

* The British introduced a centralised system of revenue and law and order administration right from the Patwari or landrecordkeeper at the village level through the intermediary levels of Tahsildar, Subdivisional Officer, Collector and Divisional Commissioner to the level of ministerial Secretaries both at the state and the national level, which, like so much else that is deplorable from the people's point of view, has been retained from the colonial times.

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delegation of men then went to the hostel to enquire and investigate. The delegation members had discussions with the girls as well as the headmistress and submitted a formal report of their findings to the headmistress and also sent a copy to the Joint Director in Khargone recommending that he take steps to improve the sorry state of the hostel.

The girls after this decided to take over the management of the hostel themselves with the help of some of the tribal teachers. The money for running the hostel is deposited in a bank account which is jointly operated by two of the senior students. The headmistress used to draw out all the money by forcing these students to sign on the cheque every month. The girls now began withdrawing the money themselves and then managing the hostel activities with this money and keeping records.

All these years the headmistress had been getting away with her corrupt practices by bribing the higher authorities in Khargone and also the local political leaders. She now turned to these local leaders to get back control of the hostel funds. These leaders too saw this as an opportunity to get even with the sangathan. They advised the headmistress to lodge a complaint with the police and then they got the police, who were only too ready, to register a case against the people who had gone to investigate the running of the hostel on behalf of the Sangathan. A false case of having abused and threatened to kill the headmistress was framed against five members of the sangathan. Then the police began arresting them one by one and sending them to jail. In the process they did not fail to rough up the arrested persons severely.

To the battlefield once again

The women once again intervened. When the third person was thus arrested and beaten up on the 28th April, 1998 women staged yet another sit in in front of the police outpost and prevented the police from taking the arrested person to court until some responsible officer had explained this lawlessness on the part of the police. Eventhough the Tehsildar and the Subdivisional Police Officer did come and assure the women that such illegal actions would not take place in the future and that no case would be registered against them for having sat in front of the police station nevertheless another case has been framed against fifteen members of the sangathan including Subhadra and Rahul of having threatened to kill policemen.

All the accused immediately went underground in preparation for a long struggle. First a press conference was held in Indore to publicise the way in which the police and the local vested interests were going about repressing the organisation. Next an intense bout of lobbying was undertaken in Bhopal, New Delhi and Mumbai to build up external support. Finally a rally was taken out by hundreds of women in Indore on 1st June, 1998 and a memorandum of demands was submitted to the Commissioner. The main demands were that the administration take steps to provide proper reproductive health facilities, prevent the sale of illicit liquor and stop its repressive policies. Significantly this was the first mass rally of women in support of reproductive health and rights in Madhya Pradesh since the introduction of the target free approach.

For the first time in Madhya Pradesh a rally was taken out in Indore by hundreds of women on 1st June '98 and a memorandum was submitted to the Divisional Commissioner demanding reproductive health services and action against bootleggers and the lawless police.



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Women in some ten villages have started small credit funds. The idea is to accumulate enough money to form a seed fund that can then be augmented by loans from banks under various schemes being run for the benefit of women and thus escape from the clutches of moneylenders.

The Commissioner said that he would conduct an inquiry into the complaints of repression made against the police and only then would he be able to say whether any action could be taken or not. When asked why he had not done so earlier as these complaints had been continuously made for the last six months he replied that he could not believe that the police officers could be misbehaving with the women and so had thought that the complaints were frivolous. He went to the extent of saying that the bonded labourer tribals who had boycotted working on the fields of the non-tribal landlords for the past month in protest against the non-payment of minimum wages had caused a national loss by causing the cotton crop to be thus wasted on the fields.

This continual rejection by the administration of their demands and pleas forced these women to take the drastic step of launching a mass hunger strike. Eighteen Bhil women went on an indefinite hunger strike from 2nd June, 1998 to press their demands for a more just livelihood and a repression free existence for the tribals of Barwah tehsil. Apart from demanding an end to police repression and the withdrawal of false cases lodged against them these women also demanded that adequate health services be provided and action be taken against the exploitative practices of the non-tribal people of the area. The federation of women's organisations of Indore, Mahila Chetna, sent a delegation to the Commissioner to express solidarity with the striking Bhil women and to demand that the government fulfill their just demands.

The police administration is particularly obstinate in refusing to change its repressive ways. The reason is that the ASS has effectively put a spanner into the corrupt and repressive functioning of the lower level police functionaries. The previous Superintendent of Police of Khargone district categorically stated that he could not tolerate the fact that his staff should be scared of the organised power of the tribal masses. So there was no response at all from the local administration. The strike was eventually ended on 10th June 1998 after receiving an assurance from the National Human Rights Commission that an independent enquiry would be conducted into the complaints of human rights violations made to it by the ASS.

A major reason why poor people are unable to sustain mass struggles for long is the financial burden that they entail. The ASS has a regular system of contributions from its members towards a central fund. More importantly women in some ten villages have also started a credit fund in which they deposit money. The idea is to accumulate enough money to form a seed fund that can then be augmented by loans from banks under various schemes that run for the benefit of women and then use this enhanced fund as an informal credit outlet within the village. Some of the bigger villages have already accumulated thousands of rupees each in the space of just a few months.

The really poor people in rural India are largely dependent on the usurious moneylenders for their finances (Bouman, 1984). The cooperative credit movement and the services of the government's agricultural finance agencies and also of the commercial banks has been monopolised by the richer farmers or industrialists who have set up agro-processing units (Kaladhar, 1996). This lack of cheap credit combined with inadequate and underpaid employment has served to keep

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the rural poor permanently in the grip of poverty. The Katkut area is no exception. This is why in recent times informal micro-credit groups at the village level have come into vogue to try and break this vicious circle. The savings made by plugging the losses due to alcoholism and bribes to government servants are thus being utilised for capital formation by the women here.

A Trip to the hills

Training forms a very important part of any mobilisation process. From the beginning we have pushed the people into situations where they would have to battle against oppressive structures and get hands on training. There is no way to lose one's fear of the oppressors other than to fight them. Ofcourse this has meant that we too as trainers have had to bear the consequences in terms of having cases lodged against us and going to jail. We have in addition held regular workshops on various issues from time to time to supplement this training through action. In addition an exposure tour was arranged for some selected women in the first fortnight of April 1998.

Twelve women who had been the most active over the past year and a half were chosen for this tour. We started off from Indore by train for New Delhi. The training started right from the moment of entraining. Even though the women had sleeper class reservation some men without reservations tried to push them out from their seats seeing that they were Bhils. The men even went to the extent of saying that the sleeper class bogey was not meant for them and that they should go to the unreserved compartment. So the journey started with a row with these men who finally retreated after Subhadra intervened.

The Delhi leg of the tour started with a trip to the south Delhi slum of Tigri to see the work being done by an NGO named Swasthya. The day we visited them, Wednesday, was their weekly clinic day. There was a crowd of women and children who had come to get themselves treated. The women and Subhadra had discussions with the doctor about the kind of reproductive health problems that were most prevalent in the area and the way in which they were being treated. This was followed by a discussion with the staff of the project about the way in which the community health work was being done.

A press conference was held the next day and it was more or less a success. Reporters from all the major papers were present even though eventually all of them did not publish the news. Nevertheless the coverage was pretty good. The Star TV network covered the press conference and that proved to be a good thing. We still meet people who say that they have seen Subhadra and the women on TV. This was the first time the women were speaking out before what was to them an alien audience. We had spent the whole day coaching them on their presentation. Eventually they did quite well and articulated their work and problems beautifully.

This was followed by the best part of the tour - a trip through the Garhwal and Kumaon Himalayas winding up along the banks of the Alakananda river to Almora. Our first stop was Haridwar where the Kumbh Mela was in progress. Not being Hindu devotees we did not

Even though the women had sleeper class reservation some men without reservations tried to push them out from their seats seeing they were Bhils. The men even went to the extent of saying that they were not fit for the sleeper class and should go to the general bogey instead.



Felicitating Kansari

The rural women in Uttarakhand are much more oppressed than the Bhils who were surprised to learn that there was a taboo against women wearing sanitary pads during menstruation so that they wore a petticoat through the period rotating the dirty part away from the vagina.

take a dip in the Ganges river ourselves but had a good time watching others doing so in the early morning cold. The Kumbh is unique in that it is a festival in which millions of people bathe to wash away their sins in the water of the Ganges which is considered to be holy.

The Garhwal and Kumaon hills are indeed very beautiful. These hills have been witness to some very powerful people's movements the most famous being the Chipko movement to protect the trees from felling by commercial contractors and the forest department. The women of the hills have been especially militant in both saving trees, battling alcoholism and more recently in demanding a separate state for the hills to be named Uttarakhand (Guha, 1989). We spent an afternoon at the Lakshmi Ashram at Kausani. This Ashram had been set up by Miraben an English woman who had been a disciple of Gandhi. The Ashram has been at the forefront of the anti-liquor movement in Uttarakhand and has been a training centre for many of its famous environmental activists like Sunderlal and Vimala Bahuguna. So it was a more relevant pilgrimage spot for us than the Kumbh at Haridwar.

Finally we ended up at Jageshwar. This is where the NGO Sahayog is active in providing reproductive health services to rural women. Here after an exchange of views with the staff of the project we visited one of the villages for a discussion with the women there. The terrain here is very difficult and there is not much by way of agricultural land. Whatever there is has been built up over the generations by terracing the hills. The women here are much more oppressed than the Bhil women. The latter were surprised to learn that the women here do not use even improvised pads while menstruating. They were interested in the efforts being made to find herbal remedies for various reproductive health problems. They also learnt that the government health services were as bad in the hills as back home.

After returning to Delhi the women went to the National Commission for Women. There they had a long discussion with the Secretary about the problems being faced back in Khargone. She agreed to take cognisance of the written complaint that was made to her but admitted that the NCW could not really do much as it did not have any punitive powers. This was something of a letdown for the women because in the back of their minds they had harboured a hope that something would come out of complaining to the authorities in Delhi.

Next we went by train to Bhopal where we visited the Sambhavna Trust. The Trust is using herbal medicine to treat the sufferers of the Bhopal gas tragedy*. Apart from meeting with the survivors of the tragedy and discussing various aspects of their struggle we also learnt about the work being done in the preparation and use of herbal medicine to treat various diseases. The women in Bhopal complained bitterly of the way in which the government had neglected to provide adequate relief to them and of the rampant corruption taking place in the disbursal of claims.

* There was a massive leak of lethal gases from the pesticide factory of Union Carbide Corporation in Bhopal on December 3rd, 1984 killing thousands of people immediately. Over the years many more have died and thousands continue to suffer in what is the worst industrial disaster ever (Dhara, 1992).

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Felicitation of Kansari

This trip was followed up by a two day workshop to discuss with other women the experience gained from the trip and to decide on the future course of action in the light of this at village Mehndikheda in Dewas district on the 26th and 27th of April 1998. The general feeling among the women after hearing the experiences of the tour was that poor women everywhere were in more or less the same plight and that the government was not really interested in improving matters. The only way out was to continue the struggle they had initiated. They felt that for this an organisation of their own was required which would only address the women's agenda.

So an independent organisation to privilege women's issues over general issues was formed at this workshop and given the name Kansari nu Vadavno. The name means "Felicitation of Kansari". Kansari is the Goddess symbolising the life giving power of the cereal jowar (sorghum) which is the staple of the Bhils. Normally the Bhils worship only their male Gods and so by naming their organisation process as a felicitation of a Goddess symbolising the creative power of nature the women have given notice to their men and society at large that hence forward they will fight for establishing their own identity. The importance given to Kansari also underlines the commitment of the women towards reviving the cultivation of jowar which is decreasing due to the inroads of high yielding cash crops which are environmentally and socially harmful (Rahul & Nellithanam, 1998). A legal workshop was also conducted in the month of May. This was felt to be necessary to educate the people regarding the complicated legal superstructure in this country and the way it was being misused to suppress their just demands.

Despite the tremendous repression unleashed by the administration the people have sustained their organisation process and taken it forward. The effectiveness of this mobilisation can be gauged from the fact that the non-tribals of the area have begun lamenting that the tribals do not fear the police anymore and so are going to be impossible to control in future. In village after village there are strong women who have started speaking out and begun taking community decisions. The exceptionally articulate ones have the capacity to defeat the likes of the Commissioner in Indore in argument. Karotibai of Katkut emphatically told the Commissioner on one occasion, "If you are incapable of providing good government to us poor people then we will make our own government."

The French philosopher Albert Camus has written that the human condition is such that we are all willy-nilly in the same boat as Sisyphus. He goes on to say that Sisyphus instead of feeling burdened by the seemingly fruitless and repetitive labour of rolling the stone up the hill only to see it roll down again lives to enjoy that fleeting moment of success when the stone is at the top. So human beings should live and work for these rare moments of joy. This is especially true for people engaged in mass struggles to improve their condition. Like Camus' Sisyphus the sane thing to do is to forget the sweat and tears and savour the few moments of joy that these struggles provide.

Normally the Bhils worship only their male Gods and so by naming their organisation process as a felicitation of a Goddess symbolising the creative power of nature the women have served notice to society at large that henceforward they will fight to establish their own identity.

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Women's empowerment has become the buzzword among feminists and also within the more sedate establishment. There is ofcourse a difference in perspective between the two. While the more radical feminists urge for the fulfilment of what have been called strategic gender needs, those within the establishment and the less revolutionary among the feminists generally content themselves with meeting practical gender needs (Molyneux, 1985). The former question the gender division of labour which is at the root of patriarchal oppression while the latter accept this division for the time being and try to alleviate women's troubles without challenging patriarchal structures hoping that education and increased employment opportunities will gradually improve matters. Distinct from these two is the grassroots perspective which stresses that empowerment should be a process from within the oppressed community rather than being imposed from above. Thus the women should themselves decide on the needs, whether practical or strategic, that they would like to fulfil (Kalegaonkar, 1997).

As we have seen this dilemma at the grassroots of choosing between practical and strategic gender needs has cropped up in the struggle of the Bhil women of Nimar too. Our experience has shown that it is not possible to fulfil the former without addressing the latter. The women overruled us and we had to do something to meet the former but in the end we had to come back again to addressing the latter. The disturbing upshot has been that we have got so involved in battles against deeply entrenched patriarchy that the work on the health front has been slowed down. It is necessary here to first recapitulate the diverse manifestations of patriarchy that we have come across before charting out a course for future struggles.

Patriarchy within the home

A recurrent theme in the meetings that we have had with the women and even in conversations with individual women has been that of the behaviour and attitudes of their men. The women complained that they were not in any way in control of their bodies and decisions within the home. So there was no question of their being able to improve their health. Ramanbai of Chandupura said that she was suffering from piles and the doctor at Sanawad had told her that she would have to get herself operated. The doctor at the Okhla clinic too said the same thing.

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Yet her husband who is capable of spending the money is refusing to do so. She said that while talking about such matters women have to be afraid of their children also lest they go and tell their father.

Kesarbai of Okhla said that she had already had three daughters and did not want any more children but her husband was not agreeing. She had thought of getting a copper T inserted but the bad experience that another woman had had discouraged her. When Subhadra talked of using knowledge of the safe days in the menstrual cycle and condoms she said that this was not possible. She said that her husband, when he was inebriated, would not listen to anything. If she resisted intercourse at such times then he would charge her of being involved with some other man.

Sumati's (the name has been changed for obvious reasons) case is particularly problematic. Her husband is involved in an affair with another woman. This woman has been driven out by her husband and she now stays with her mother. Sumati has a teenaged daughter and son who both know of their father's affair as do the whole village of which he is the upsarpanch. Sumati says that on some days her husband's penis is full of pus and swollen indicating that possibly he has an STD which he will convey to her. This is a classical helpless situation in which many urban women find themselves (Salam, 1995) and it is disturbing that this problem has manifested itself in this area.

In Kundia there is a woman who was beaten up by her husband and forced to spend the night out in the cold because her brothers did not entertain him properly when he went to their village for a visit. Reshma of Chandupura said that her husband was angry that she had got herself treated at the camp at Okhla which had resulted in her growing friendship with Subhadra and the revealing of many inner secrets to her. Similarly many young women report that their mothers-in-law do not look favourably on this new process that has begun. This internalisation of patriarchal values by women is always a considerable hurdle.

Patriarchy in society

The Bhils having been a martial race have had a clear gender division of labour which is not easily broken. The men even if they want to will find it difficult to help out with domestic work. Interestingly the need to migrate in search of employment has resulted in the loosening of these social bonds and so men have begun to do domestic work. Hindu society is even more patriarchal with scriptures ordaining an inferior position for women. An amusing anecdote will illustrate this.

Rahul quite often does the washing. Water comes only once a day in the morning in Katkut and the tap from the public line is at the front of the house. So the washing has to be done on a stone on the roadfront. One day the landlord, an irascible old man, told Rahul that he should not wash Subhadra's clothes. A debate ensued with the old man saying that he hated the very idea of a man washing his wife's clothes. He went on to say that the sacred scriptures of the Hindus forbade men from doing housework. Rahul instead of challenging this patently false statement asked him why he went to the police station to report

One woman said that her husband was having an affair with another woman who had been driven out by her husband. She said that her husband had contracted an STD. Her teenaged children too know of the affair but nobody can summon up the courage to tell the man to mend his ways.



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disputes when the ancient scriptures mention that they should be resolved within the community. He said that the domestic world was governed by the scriptures but not the outside world of work where modern ideas had to be accepted for progress.

When it was further pointed out to him that the British who had introduced the police system and also the sewing machine with which he earned his living as a tailor had now accepted the equality of men and women in all respects he initially replied that he did not believe it. Finally he said that he would concede that men should wash their wives' clothes only if Rahul could show him a book written by an Englishman that explicitly says so. Can anyone help out? The landlord's wife related to Subhadra how on one occasion when she had overstayed at her father's house well beyond the time that her husband had told her to come back she had a nightmare that her husband was chasing her with a stick. She had packed her bags and returned the very next day!

The sarpanch of the Katkut panchayat is a woman named Kalabai. She got elected because the seat was reserved for women under the new law that provides for such reservation in thirtythree percent of the seats in local government institutions. The actual work, however, is done by her husband Kaniram and she just puts her signature to the resolutions passed and decisions taken. This is more or less the situation with most of the women sarpanches of the area and invariably it is either their sons or their husbands who are operating as the actual sarpanches. These persons all oppose the organisation process that is underway and have colluded in various ways with the administration to try and disrupt it.

Another social custom of the Bhils that is detrimental to the women is that of the importance given to alcohol as a holy liquid. Children are given alcohol even when babes in arms. The Gods have to be propitiated every now and then with alcohol. This gives the men the licence to drink. Alcoholism brings to the fore the worst manifestations of patriarchy in the men. As mentioned earlier by Kesarbai men under the influence of alcohol make sexual demands of their wives and resort to violence if these are not met. Men frequently go on drinking sprees doing no work at all for days on end. This too increases the burden of the women who then have to work harder. These alcoholics also invariably object to their women taking part in organisational activities and quite a few of them are active as informers and collaborators of the police.

The Patriarchy of the State

Development and the role of the state in bringing it about influenced by various national and international forces has been one of the pet themes for debate among scholars and activists. There are various shades of opinion in this regard (Bardhan, 1985; Ghosh, 1985). The feminists have added a new dimension to this debate by pointing out that apart from the standard politico-economic characteristics, development also has a gender dimension or patriarchal character (Kabeer, 1995; Sen & Grown, 1987). Thus development policies have remained anti-poor and anti-women in nature. Moreover, even if some progressive laws have been enacted and policies formulated for the poor

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as a result of popular protests and advocacy, nothing substantial towards alleviating their plight has materialised on the ground. This sophistry is very much visible in India as far as the government's policies for women are concerned (Buch, 1998). As is only to be expected the Nimar region being controlled by exceptionally feudal and patriarchal interests is no exception to this rule.

There is a fairly progressive women's policy document of the Madhya Pradesh government brought out in 1995 which acknowledges that women in this state are shackled by patriarchal values and structures and proposes various legal and policy measures to improve matters. It even explicitly says that change can come about only through organised struggles by the women and the state will encourage such struggles and try to initiate some movements by itself! This is in addition to the various schemes being run for the economic development of rural women. Yet there is very little actually happening in reality. Instead as we have seen no sooner had the women of the area begun acting on their own to bring about change through mass action against alcoholism and bootlegging and the inefficiency in the health and education services the administration has come down heavily on them to try and prevent them from doing so.

Ironically when in the initial stages of our work we were only conducting health clinics and helping the PHC to fulfil its Pulse Polio targets or mobilising women for sterilisation camps we were in the good books of the district administration. On the 25th January, 1997, which being a Saturday was the weekly market day at Katkut, the Block Development Office in Barwah had arranged an information camp for women. The target for development schemes for tribal women had not been fulfilled and so this extraordinary measure had been taken. On the day of the camp the government functionaries failed to get any response and not a single woman came to the tent specially set up for the purpose despite repeated announcements. Finally in desperation the extension worker came to Subhadra and asked her to help. Subhadra then went round and convinced some twenty odd women she knew to come to the camp and register their names for financial assistance under various schemes. The Block Development Officer on that occasion had thanked Subhadra profusely for having made the camp a success.

Yet now we are persona non grata because we have taught the women not to wait indefinitely for the crumbs being thrown to them but to demand reproductive health services and socio-economic development as a right. The system of governance is so anti-people that even women in positions of power within the system cannot do much. We have seen how the Secretary to the National Commission for Women had admitted that there was not much that she could do. In fact the Madhya Pradesh government has taken very little ameliorative action despite a very critical report by the NCW on the way in which the district administration in Khargone was going about repressing the tribals. The Secretary of the department for Women and Child Development of the Madhya Pradesh Government said that she was only pushing files around without being able to do anything radical to change the lives of poor rural women. She said that she had not been able to get time from the

When in the initial stages of our work we were only conducting health clinics we were in the good books of the district administration. Yet now that we have taught the women to demand reproductive health services as a right we have become persona non-grata.



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Chief Minister for two months to discuss some schemes that she wanted to be implemented for the benefit of women.

The women of Katkut have fundamentally challenged the well entrenched oppressive structure of the state. The police are an important cog of the administrative system. They make all their extra earnings from kickbacks from bootleggers and by the misuse of the arbitrary powers vested in them through the I.P.C. and the Cr.P.C. The administration condones this because otherwise the police will not do its bidding when it wants to use them to suppress popular protest. This is what the administration has done to try and crush the sangathan. The administration has tried its level best to brand us as naxalites so that this will give the police the freedom to use draconian measures against us without being fettered by the constitutional remedies against the arbitrary use of their powers which normal citizens can avail themselves of.

This kind of negative governmental response in the face of genuine women's mobilisation is a phenomenon universal to the whole of India. Sometimes government run awareness programmes for women have gone beyond the limits prescribed for them and challenged vested interests. In such cases also the government response is either ambivalent or downright hostile. Two such examples are those of the government women's development worker Bhanwari in Rajasthan and the women's anti-liquor campaign in Andhra Pradesh. Bhanwari was gang-raped by influential men in her village for opposing child marriage which is a particularly vicious custom with children as young as two or three years old being married off. The Rajasthan government is now considering the closure of the women's development programme. The anti-liquor campaign in Andhra Pradesh took off from the total literacy campaign that the government was conducting there. Despite the government's best efforts to control it, it snowballed into a mass movement of such proportions that mainstream political parties too espoused its cause.

The patriarchy within

A negative feature of the social movements and mass organisations striving for an alternative to the present forms of development and governance is their domination by upper and middle class activists. So despite the rhetoric, effective decision making power in these organisations is still out of reach of local leaders who have risen from the grassroots. This is even truer for women activists from the lower strata of society. Sadly even specifically female forums do not address this problem (Subhadra, 1995). A direct consequence of this is the marginality of the impact of these movements. This problem of marginality arises not only from the dominance of exploitative power structures in society as a whole but also from the failure of social movements to posit realistic alternatives that can attract a greater number of the oppressed people (Marris, 1987). This happens because the leaders of these movements are not from the oppressed sections themselves.

These leaders who are mostly male have neither grappled intellectually with this problem nor sought honest solutions. Doing so

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would have led them to the conclusion that the best thing to do would be to groom leaders from the oppressed sections and relinquish decision making powers to them. Instead they have sought the easier and more personally profitable solution of accepting sinecures in government committees, playing to the publicity media or relying on advocacy and lobbying so as to prevent their fading into obscurity (Rahul, 1995). The result is that most of the new social movements that took off in the seventies and eighties in India are moribund today. Following the eco-feminists we can say that the pursuit of power itself results from a patriarchal mindset and so categorise the above situation as having arisen because of the existence of a patriarchy within these movements from which even their women leaders are not free. The Bhil tribal women in Nimar are thus faced with the challenge of devising an appropriate strategy for battling these diverse patriarchies.

Limitations of advocacy

Internationally and in India in recent times much store has been set by the possibilities of bringing about change through advocacy (Garcia-Moreno & Claro, 1994; The Ford Foundation, 1997). The success gained in getting radical feminist views on reproductive health, gender division of labour and the need for empowerment of women accepted in international fora and incorporated at the policy level by international development organisations and national governments has created a sense of euphoria among feminists who have long suffered from rejection from the establishment. However, this euphoria has resulted in the advocates of women's liberation forgetting that while they may have come in from the cold the vast majority of the poor women of this world are still stuck in the mire of underdevelopment and patriarchal oppression.

The sordid reality of the government's inherently anti-people nature described above puts a question mark on the effectiveness of national and international advocacy at the policy level in bringing about real social change without the widespread political mobilisation of poor rural women. A resource crunch combined with the rhetoric of privatisation and structural adjustment has led to the implementing bureaucracies and the policy making governments in developing countries becoming even more insensitive to welfare issues (Zuckerman, 1991). The kind of reproductive health package envisaged in the target free approach requires tremendous investments in building up health infrastructure and the training of people which are just not available. Nor is there any motivation in the health service staff at the village level as we have seen.

Indeed a reproductive health package similar to that envisaged in the new approach had already been a part of the services that were being provided previously. This was because the international donor agencies which dictate our health policies have always been clever enough to hedge their Neo-Malthusian concern for completion of sterilisation targets with complementary populist measures. Why is it that the earlier package did not bear the results it should have in terms of better health status of poor rural women while sterilisation targets

The euphoria resulting from the adoption by the establishment of some of their radical agenda has led feminist advocates to forget that while they themselves may have come in from the cold the vast majority of the poor women of this world are still labouring under poverty and patriarchy.



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were being fulfilled without a hitch? Fifty years of independent governance in India has seen the launching of many a progressive scheme and there have been a plethora of them in recent times in the social sector like total literacy and women and child development. Why have these too not brought about any far reaching changes?

The massive inertia that pervades rural society as a consequence of oppressive social relations and the repressive character of the state have been the main obstacle. To expect information, education and communication drives informed by the so called paradigm shift in the thinking on population control to overcome this formidable barrier is to build castles in the air. A sober reappraisal of the reasons for the failure of previous programmes at the grassroots level should be undertaken before launching into an all out war against patriarchy and poverty just on the strength of high sounding rhetoric.

Admittedly there is also much talk of women's empowerment (Batlivala, 1994). Nevertheless there is little appreciation of what it entails in terms of mass struggle and its consequences. Just conducting training workshops for service providers, in the case of health work, or for animators, in the case of mass organisational work, as is being done at present is far from sufficient. The people so trained tend to get discouraged when confronted with the formidable barriers to change that exist in reality. As we have seen true empowerment requires the trainers themselves to face the wrath of the vested interests in society and in the state. The training has to encompass the masses and not just the service providers or the animators. A bitter truth that people do not want to acknowledge.



"With so many tomes on women's empowerment, I wonder why liberation is still not in sight?"

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Reaching for the sky

The repression of the state even though it has not been able to crush the organisation process has nevertheless achieved its immediate objective. The women are no longer able to take action against the sale of illegal liquor. So the sale of illegal liquor is going on unabated albeit in a clandestine manner. This has resulted in the men reverting back to their alcoholism. The social control that had been established over the consumption and sale of liquor has been destroyed.

There have been innumerable movements in India for the prohibition of the sale of liquor right from the time of Mahatma Gandhi. At times there have been legal prohibition in some of the states. These have not succeeded and have had to be withdrawn as most recently in Haryana and Andhra Pradesh. Prohibition is still in place in Gujarat but liquor remains freely available there. Thus there is a need to think out new strategies for anti-liquor movements.

The first thing that has to be realised is that it is impossible to totally stop the consumption and sale of liquor. Not only do a section of the populace always drink but the state also encourages drinking as a source of revenue. At a higher level it is in the interests of the powerful classes in society that the poor and oppressed should douse their frustrations in alcohol rather than give vent to them through organised mass action. So there will always be supply and consumption of alcohol and it is futile to expect the state to implement prohibition.

A rational policy should be to establish social control over the consumption and sale of alcohol and this should be done in a decentralised manner in the local community. With the passage of the special Panchayati Raj Act for tribal areas in Madhya Pradesh this has become a legal possibility (Bharat Jan Andolan, 1997). This act recognising the special characteristics of tribal society has deemed the small tribal hamlet to be the paramount entity in local self government and given it the right to control all social matters through consensual decision making involving all adult men and women members of the gram sabha. Such social control requires a permanent level of mobilisation of the community with regard to control of alcohol consumption. This will ensure that women remain active outside their homes and so are able to assert their independence within the home too.

The preoccupation with fending off the repressive attacks of the state has meant that the work of the sangathan on the health front has had to take a backseat. Both clinical and health awareness work have been affected. The struggle for a decentralised people's alternative involves not just the political fight against repressive centralised structures but also the development of viable decentralised economic, education, health and entertainment systems. Invariably mass organisations have slipped up on this constructive aspect of their struggle in the heat of the battle to survive in the face of repression. This is a serious problem confronted by all mass organisations (Guha Niyogi, 1993). Such organisations do not have paid staff but work through voluntary contributions of time and energy on the part of their members. The ASS and KnV too operate on the same lines and so a modus operandi has to be worked out to continue with the health work.

A rational anti-liquor policy should be to establish social control over the consumption and sale of alcohol in a decentralised manner in the local community. This will mean that women will remain active outside their homes and so be able to assert themselves within their homes too.



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The state repression, however, has been extremely beneficial in one respect. The strategy of mobilising women to fight the police has not only put the state onto the backfoot but also earned grudging recognition from the men that it is not possible to fight their battles without the participation of women. This has considerably improved the women's bargaining position and so they have gained a number of concessions on the domestic front also. Not only do the men not object to the women going away for days at a time to attend meetings or take part in struggles but also do the work of cooking and fetching water in these meetings themselves while the women deliberate on strategy. This respect gained from the men will be very beneficial in future in involving the men too in the fight against patriarchy.

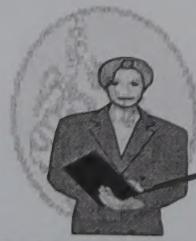
The organisation process has managed to keep afloat with a lot of external support. Without advocacy with the publicity media and complementary legal activism it would not have been possible to survive. Since there is not much sympathy anywhere and even sympathetic people are bound by the limitations of the hierarchies of which they are a part, considerable effort is required to mobilise such support. Unfortunately a lot of time and money are taken up by lobbying work which hampers work at the grassroots. For a small mass organisation without any extended support structure outside the area of work this problem of sparing resources in terms of time and money for lobbying work assumes serious proportions. More problematical is the fact that such lobbying can only be done by middle-class activists and so invariably grassroot leaders get left behind resulting in all kinds of distortions in the organisation process. Under the circumstances sustaining the organisation process and overcoming all these barriers is a project akin to reaching for the sky.

The new social movements that have come up in the third world have, in many ways, fundamentally challenged the assumptions of the modernist developmental paradigm that is today accepted the world over. The leading ideologues of this upsurge from below believe that change will be brought about not by a single monolithic political party but by a worldwide coalition of diverse groups fighting for locally relevant livelihood issues (Wignaraja ed, 1993). The women have tightened their belts in preparation for the long drawn struggle that is ahead of them in the hope that they will some day be able to tame the male chauvinist pig in their area and so be able to contribute to the worldwide process of liberation.



*The lonely bird while flying,
Sometimes gets the feeling,
On a cold and rainy day
Of something giving way
Yet it does not fail to sing
Because it knows it can wing
Its way to another sunny day*
- adapted from Victor Hugo.

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Felicitating Kansari

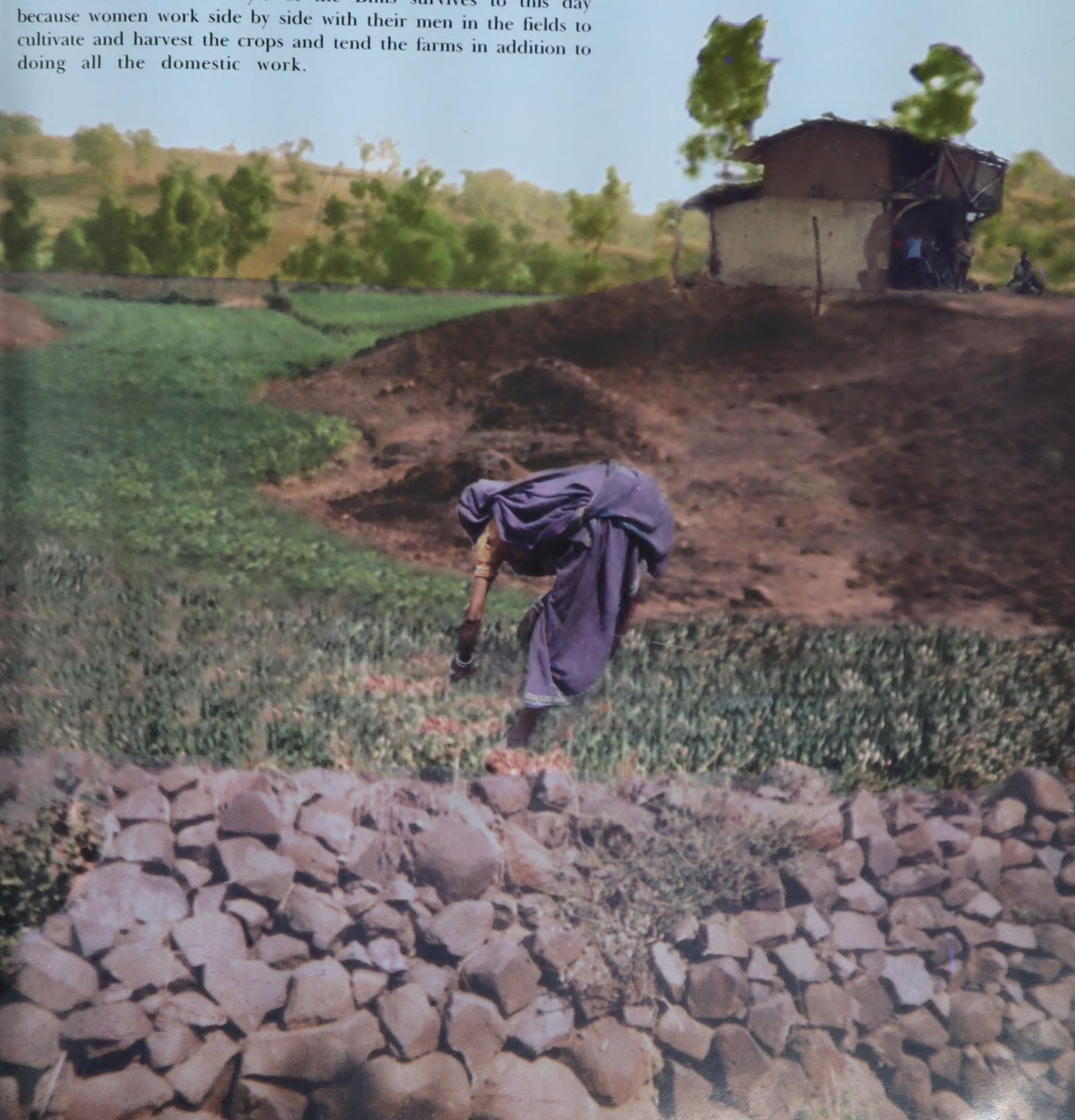
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How green is her valley

The ingenuity of the Bhils in carving out a space for a livelihood and a habitation from terrain that has been rendered barren due to destructive deforestation undertaken by logging contractors to serve industrial interests is in evidence here.

Hard manual labour and the intelligent use of stones to plug the valley between the hillocks has resulted in the creation of a farm land which is irrigated by yet more intelligent use of the lie of the land to bring water by gravity from a stream nearby.

The house too displays an economical yet aesthetic use of timber and farm residue to create a two story habitation. This labour intensive subsistence lifestyle of the Bhils survives to this day because women work side by side with their men in the fields to cultivate and harvest the crops and tend the farms in addition to doing all the domestic work.



LIFTING THE VEIL

The Bhil woman in the foreground is engaged in the extremely laborious and time consuming activity of hand pounding of an indigenous variety of rice grown on her farm to dehusk it. Even though she is in her own home yet she has her face covered with a veil for fear that she may be espied by some elder male in-law who may be lurking around.

The Bhils are unique among the tribal people of India for having adopted the retrograde upper caste Hindu custom of "purdah" or veiling of married women. This custom is strictly enforced by the Bhil men as part of an elaborate system of patriarchal oppression of their women.

This deeprooted patriarchy may well have arisen as a result of the long history of armed struggles of the Bhils against non-tribals to maintain their habitats and cultural identity. This is reflected in the reliefs of armed and mounted men in the memorials raised by the Bhils to their ancestors visible in the background.

Today faced with displacement and devastation as a consequence of modern destructive industrial development the Bhils need to retain their traditional militancy while simultaneously freeing the immense creative potential of the women. The dual challenge before Bhil women is to battle their men for the right to lift their veils while also fighting along with them against modern oppressors for the right to a just and decent livelihood.

